

Task   Notes (0/0) 

Task: Internal Resource Response Due Date:

Details

Name <input type="text" value="STEVEN ALFANO"/>	SSN <input type="text" value="099-44-9648"/>	DOB <input type="text" value="01/14/1958"/>
Account Name <input type="text" value="WEILL MEDICAL COLLEGE"/>	Account # <input type="text" value="NYK0001972"/>	Incurred Date <input type="text" value="06/06/2000"/>
Claim Manager <input type="text" value="Mark Sodders"/>	Incident # <input type="text" value="513554"/>	Claim Eff Dt/Status <input type="text" value="01/21/2003 - Active"/>

*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits

Referral

Vocational <input type="checkbox"/>	Name <input type="text" value="Ginny Schmidt"/> <input type="checkbox"/> New Nurse/VRC of Record
Vocational Rehab Counselor <input type="checkbox"/>	

Check all that apply for Medical or Vocational

Symptoms insufficient to support diagnosis
 Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis
 Occupational requirements assessment is needed
 Determine Functional Capacity
 Projected return to work date is unclear or undetermined
 Return to Work Assistance
 Internal Transferable Skills Assessment
 Claim Complexity Changed
 Other

Comments

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSodders CM

Title	TSA Results
Referral	Yes
Accepted	
Comments	

Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelor's Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

Last Changed User	GINNY SCHMIDT	Last Changed Date	08/09/2005 11:20 AM
 Active Contents			
Type	Due Date	Created By	Assigned To
LTD	06/06/2000	Mark Sodders	ALFANO, STEVEN - 099449648 - 01/14/1958

Status:	Completed	Assigned To:	GINNY SCHMIDT	Created:	08/08/2005 09:15 AM
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Transferable Skills Analysis Referral Form Labor Market Survey Referral Form

Claimant Name: Steven Alfano

Date of Referral: 8/8/2005

Policyholder: Weill Medical College

Policy #: NYK 1972

Case Manager: Mark Sodders

RUSH/TL Signature:

List Primary Diagnosis: Spinal Stenosis

Indexing required according to policy?
Is the account ERISA or Non-ERISA? yes yesIndex Earnings as of this date: 8/8/2005
Initial Covered Earnings (BME) AS OF: 6/6/2000\$5,933.32
8.97%
\$6,465.79Incurred Date
Current Indexed Covered Earnings:CPI for 2000
through 2003

Wage Requirement for this referral = \$ 5,172.63

1 Why are you referring this file for a TSA? OtherOther Reason Continuing TDAny Occ Date: n/a

2 LMS will be conducted if necessary.

Please provide:

City: Bronx
State: NY
Zip: 10463

3 For work history information, TAB the following documents in the file for use in performing TSA:

DocumentTabbed in File?

- 1 DQ
- 2 Job Description
- 3 Resume/Job Application
(From ER if possible)

<input type="checkbox"/> yes
<input type="checkbox"/> yes
--

4 For Limitations and Restrictions, please TAB the following items in the file:

DocumentTabbed in File?

Current Medical (< 6 mos. old)

<input type="checkbox"/> yes

examples: PAA, Psych Abilities Form, IME,
FCE, AMD/NCM Documentation of
L's / R's

5 State any other pertinent information or other specific issues which need to be addressed by the TSA.

There is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

Select Office Location: DallasReturn this form and the file to: **Ginny Schmidt, MS, CRC**
Rehabilitation Specialist
Extension 7158

File being given to Tiffany to set up 1 day FCE, GS Appt now set for 7/26/05, GS

Investigation Result

The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.

Last Changed User Ginny SchmidtLast Changed Date 08/05/2005 03:38 PM

Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	06/06/2000		Mark Sodders	ALFANO,STEVEN -- 099449648 -- 01/14/1958

Status:	Completed	Assigned To:	Ginny Schmidt	Created:	06/09/2005 01:37 PM
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Task: Internal Resource Response		Due Date:	07/29/2005																		
Start Date:	07/05/2005	Logs (0)																			
Details	<table border="1"> <tr> <td>Name</td> <td>STEVEN ALFANO</td> <td>SSN</td> <td>09-44-9648</td> <td>DOB</td> <td>01/14/1938</td> </tr> <tr> <td>Account Name</td> <td>WEILL MEDICAL COLLEGE</td> <td>Account #</td> <td>NYK0001972</td> <td>Incurred Date</td> <td>06/06/2000</td> </tr> <tr> <td>Claim Manager</td> <td>Mark Sodders</td> <td>Incident #</td> <td>513554</td> <td>Claim Eff Dt-Status</td> <td>01/21/2003 - Active</td> </tr> </table> <p>*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits</p>			Name	STEVEN ALFANO	SSN	09-44-9648	DOB	01/14/1938	Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000	Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active
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Referral	<table border="1"> <tr> <td>Vocational</td> <td>Vocational Rehab Counselor</td> <td>Name</td> <td>Ginny Schmidt</td> <td><input checked="" type="checkbox"/> New Nurse/VRC of Record</td> </tr> </table> <p>Check all that apply for Medical or Vocational</p> <p><input checked="" type="checkbox"/> Symptoms insufficient to support diagnosis</p> <p><input checked="" type="checkbox"/> Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis</p> <p><input type="checkbox"/> Occupational requirements assessment is needed</p> <p><input checked="" type="checkbox"/> Determine Functional Capacity</p> <p><input type="checkbox"/> Projected return to work date is unclear or undetermined</p> <p><input type="checkbox"/> Return to Work Assistance</p> <p><input type="checkbox"/> Internal Transferable Skills Assessment</p> <p><input type="checkbox"/> Claim Complexity Changed</p> <p><input type="checkbox"/> Other</p> <p>Specify Other _____</p>			Vocational	Vocational Rehab Counselor	Name	Ginny Schmidt	<input checked="" type="checkbox"/> New Nurse/VRC of Record													
Vocational	Vocational Rehab Counselor	Name	Ginny Schmidt	<input checked="" type="checkbox"/> New Nurse/VRC of Record																	
Comments	<p>referring for 1-day FCE.</p> <p>MDSodders CM</p>																				
Title	FCE Scheduling																				
Referral	Yes																				
Accepted	Date 06/10/2005																				
Comments																					

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 01

HealthSouth Network Services

FAX TRANSMITTAL SHEET

P.O. Box 382647
Birmingham, AL 35238-2647
Phone (800) 634-8536, ext. 7729
Fax (800) 634-8532; (205) 262-4394

TO: Tiffany Brown
FROM: Frances McDowell
DATE: 08/04/05
FAX NUMBER: 1-860-731-3244

TOTAL PAGES: 26 (including cover sheet)

COMMENTS: Here is the report and invoice for Steven Alfano.

If there are problems receiving this transmittal please call:

Frances McDowell
1-800-634-8536, ext. 7729

CONFIDENTIALITY NOTE: The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this information is strictly prohibited and may result in violations of federal or state law. If you have received this telecopy in error, please notify us immediately by calling (collect) the telephone number above and destroy the original message. Thank you.

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 02

HealthSouth Network Services

FAX TRANSMITTAL SHEET

P.O. Box 382647
Birmingham, AL 35238-2647
Phone (800) 634-8536, ext. 7729
Fax (800) 634-8532; (205) 262-4394

TO: Tiffany Brown

FROM: Frances McDowell

DATE: 08/04/05

FAX NUMBER: 1-860-731-324426

TOTAL PAGES: 26 **(including cover sheet)**

COMMENTS: Here is the report and invoice for Steven Alfano.

If there are problems receiving this transmittal please call:

Frances McDowell
1-800-634-8536, ext. 7729

CONFIDENTIALITY NOTE: The information contained in this facsimile message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this information is strictly prohibited and may result in violations of federal or state law. If you have received this telecopy in error, please notify us immediately by calling (collect) the telephone number above and destroy the original message. Thank you.

AUG-04-2005 THU 01:04 PM

FAX NO.

P. 04

09/04/2005 01:27 8452841423

SPORTS PT OF NY

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Sports Physical Therapy of New York, P.C.**FUNCTIONAL CAPACITY EVALUATION**

CLIENT: Steven Alfano
 EMPLOYER: Cornell Medical College
 DATE OF INJURY/ILLNESS: 08/06/00
 DATE OF EVALUATION: 07/26/05
 DATE OF REPORT: 07/28/05
 SPORTS PHYSICAL THERAPY OF NY
 I.D. NO.: N/A
 DATE OF BIRTH: 01/14/1958

REFERRED BY: Mark Sodders
 PHYSICIAN: Keith Roach MD
 INSURANCE CARRIER: Cigna Insurance
 INSURANCE REP.: Mark Sodders
 INSURANCE I.D. NO.: N/A
 SOCIAL SECURITY NO.: xxx-xx-9848
 DIAGNOSIS: Lumbar Stenosis

VITAL SIGNS

HEIGHT: 72" WEIGHT: 270 lbs.
 RESTING HEART RATE: 80 bpm
 Starting Time: 10:00am Ending Time 1:30pm

HAND DOMINANCE: LEFT
 RESTING BLOOD PRESSURE: 138/80 mm/Hg

PURPOSE OF ASSESSMENT

Comprehensive Functional Evaluation
 Return to Work
 See Attached

Occupational/Work Capacity
 Address Specific Referral Questions
 Other/Comments: Please qualify the patient's capability to perform any occupation for an eight hour period. Determine safe, permissible lifting abilities and general physical demand/demand category. Did the individual demonstrate a maximal effort throughout testing. Provide report of any discrepancies between subjective complaints and observed behaviors.

CONCLUSION

The results of this evaluation indicate that Steven Alfano is currently functioning safely at a sedentary level for an eight hour period according to NY Department of Labor Standards. He is able to manipulate objects at desk level, push 20 lbs and pull 14 lbs. He was unable to stoop, kneel, crouch, or crawl due to decreased range of motion as well as weakness and buckling of his lower extremities. Although, Mr. Alfano was very cooperative attempting all required tasks, he was unable to complete the lifting, both static and dynamic, as well as the step test. I stopped these tests due to frequent buckling and increased risk of falling. He had two episodes of loss of balance due to buckling requiring the assistance of the examiner in order to prevent a fall. As described by Mr. Alfano, his job required him to be in a prolonged sitting posture. The clinical data obtained at this evaluation does not support his ability to tolerate sitting for any duration greater than 10-15 minutes without a drastic change in position. During the exam he frequently lied down to alleviate symptoms. His physiologic changes were appropriate with his increased subjective complaints. His effort during the exam was maximal and consistent with a negative REG score and appropriate physiological changes. His range of motion was severely limited both when the patient was aware and unaware of observation. He was driven and accompanied to the exam by his wife.

PHYSICAL DEMAND CATEGORY (U.S. Department of Labor, Dictionary of Occupational Titles)

Sedentary Work: Exerting up to 10 lbs. force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including human body.

Light Work: Exerting up to 20 lbs. force occasionally, and/or up to 10 lbs. force frequently, and/or a negligible amount of force constantly to move objects.

Medium Work: Exerting 20 lbs. to 50 lbs. of force occasionally, and/or 10 lbs. to 25 lbs. of force frequently, and/or greater than negligible up to 10 lbs. of force constantly to move objects.

Heavy Work: Exerting 50 lbs. to 100 lbs. of force occasionally, and/or 25 lbs. to 50 lbs. of force frequently, and/or 10 lbs. to 20 lbs. of force constantly to move objects.

Very Heavy Work: Exerting in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly to move objects.

Thank you for referring Steven Alfano to Sports Physical Therapy of New York, P.C. If you have any further questions regarding this evaluation, please do not hesitate to contact us.

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3988 •

PAGE 82/25 | RCV'D AT 09/04/2005 12:24:53 PM (Central Daylight Time) | SVR:HSA1MS134 | DHB:3121 | CSD:8452841423 | DURATION (min:sec):07:30

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 05

08/04/2005 01:27 8452941423

SPORTS PT OF NY

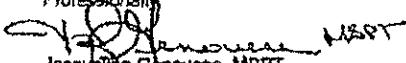
PAGE 03/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

Professionally


Jacqueline Giovine, MSPT
Physical Therapist

cc: Mark Sodders File

33 Irving Place Floor 9 • New York, NY • 10003 • 212-677-3989 •

PAGE 03/25 RCVD AT 08/04/2005 12:24:53 PM (Central Daylight Time) SVR:H501MS134 DNS:3121 CSD:8452941423 DURATION (mm:ss):07:30

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 06

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

U.S Department of Labor (D.O.T. Category)	Occasional (1 - 33%) (< 2.5 hrs)	Frequent (34 - 66%) (2.5 - 5.5 hrs)	Constant (67 - 100%) (5.5 + hrs)	Occ Required	Adequate
Lifting - Floor to Knuckle	<input type="checkbox"/>	lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input checked="" type="checkbox"/> Unable
- Knuckle to Shoulder	<input type="checkbox"/>	lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input checked="" type="checkbox"/> Unable
- Floor to Shoulder	<input type="checkbox"/>	lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input checked="" type="checkbox"/> Unable
Carrying: Distance: F.R.	<input type="checkbox"/>	lbs.	<input type="checkbox"/> lbs.	<input type="checkbox"/> lbs.	<input checked="" type="checkbox"/> Unable
Pushing: (Max. Wt. 20 lbs.)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling: (Max. Wt. 14 lbs.)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Stairs	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Ladders	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N.T.
Balancing:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Stooping:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Kneeling:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Crouching:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Crawling:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Reaching:					
Overhead	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk Level	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Level	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling: Firm Grasp	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Unable
Right	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling: Simple Grasp	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerling: Fine Motor	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Controls	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing:	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing:	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talking:	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Mr. Alfano's cardiovascular endurance was maintained at < or = 65% of his age predicted max heart rate.
See dynamic lifting and positional tolerance section for more details.

Clinician's Name: Jacqueline Genovese, MSPT Clinician's Signature: *J. Genovese* 113-01
Company: SPORTS PHYSICAL THERAPY Date: 07/26/05
OF NEW YORK, P.C.

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 07

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9548

Insurance I.D. No.: N/A

SUBJECTIVE HISTORY

Steven Alfano is a 57 year old male with the current diagnosis of Lumbar Stenosis, onset 06/05/05. He had on and off pain in his lumbar spine and then went to reach for a bottle falling from the refrigerator and experienced intense and severe pain that persisted.

He is presently not working. Current medication includes: Oxycontin 80 mg 4x/day, Nexium 40 mg 1x/day, Lisinopril 20 mg 1x/day, and Aspirin 81mg 1x/day. He did take his medication as he normally would this morning. He was planning on taking his second dose this afternoon.

Previous treatment for this injury/illness (as reported by patient) includes:

He followed up with the MD who sent him for an MRI and physical therapy. He had two bouts of 4 weeks at therapy without much success. He also saw a neurosurgeon and pain management doctor. He opted to avoid surgery due to the reported limited success rate. Physical therapy two separate clinics for four weeks. He had a combination of treatments including exercises, modalities and manual therapy with limited success. He also had epidural injections with limited success.

Steven Alfano reported severe pain at an intensity of 7 (0 = no pain; 1,2,3 = low; 4,5,6 = moderate; 7,8,9 = severe; 10 = emergency pain). He reported that the pain ranges from 7 at best to 10 at its worst. He states that prolonged sitting aggravate lumbar symptoms, and that lying down and ice provides relief. Perceived abilities include: sitting 10-15 minutes, standing 10-15 minutes, walking 10-20 minutes, driving 10-20 minutes, and lifting 0 lbs.

The patient requires minimal assistance with activities of daily living (ADL's). His wife aids in his ADL's including dressing, his children also help him with grocery shopping by carrying groceries. He describes a typical day as; waking and dressing with wife's assistance, walking his children to the bus, coming home to rest, getting children from the bus and maybe go to the store, then returning home to rest. He eats his dinner in his recliner as it is reported easier for him to tolerate a reclined position than an upright one. Sleep is disturbed with frequent awakenings. He reported difficulty with finding comfortable positions. The patient reports that he does not perform an exercise program.

Additional subjective information includes: (N/A)

VOCATIONAL/JOB HISTORY: Job description reported by client.

Mr. Alfano described his job as primarily a desk position working on a computer. He was interviewing candidates for positions and negotiating salaries. He did state that sometimes he went from site to site for the interviews but mostly was at his desk.

DOT #: NA

AUG-04-2005 THU 01:05 PM

FAX NO.

P. 08

08/04/2005 01:27 8462941423

SPORTS PT OF NY

PAGE 06/25

Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-9648

Insurance I.D. No.: N/A

MUSCULOSKELETAL SCREENING

Gait: Mr. Alfano ambulates with a straight cane for support and to prevent buckling of his lower extremities. He did buckle twice during the evaluation when he did not have the support of the cane.

Posture: Mr. Alfano presents with a forward flexed trunk posture. He compensates for lack of mobility by turning his whole body, he reports that he does not bend at all at home without assistance.

Soft Tissue: Increased tightness noted in soft tissue of his entire lumbar spine and lower extremities. He reported "a good pain" during the straight leg raise portion of the screen.

Flexibility: Mr. Alfano demonstrates limited flexibility in his spine and lower extremities that was consistent when he was aware and unaware of the testing. He uses compensatory movement of his entire body to change positions.

Range of Motion: Significant Limitation in lumbar range of motion as noted in the attached range of motion screen. The limitations were consistent when the client was aware versus unaware of testing. He was able to increase his lumbar range with upper extremity support.

Strength: Mr. Alfano's lower extremity strength was limited and grossly assessed at 3/5. He did have frequent episodes of buckling in his lower extremities which twice required the assistance of the examiner to prevent a fall. Upper extremity was screened and was within normal limits.

Neurological: Symmetrical bilaterally, mildly decreased in lower extremities.

Additional Testing: Mr Alfano was unable to complete the jamar grip test without frequent rests to lie down supine due to report of increased pain with sitting.

ENDURANCE / AEROBIC CAPACITY

Modified Canadian Fitness Test Completed Test Incomplete Test
 ml/kg/min Classification: Unable to Determine <= 2 METS
 HR Increase: YES Respiration Increase: YES Blood Pressure:

Comments: Mr. Alfano was unable to maintain cadence on the step test. He attempted to perform the step three or four times with upper extremity support and while climbing his left lower extremity buckled and he lost his balance and required assistance from the evaluator to prevent his falling. The test was stopped due to the safety risk. His heart rate with this incident elevated from 80bpm at resting to 114bpm when the test was stopped. His functional cardiovascular endurance was unable to be assessed due to the exam being stopped.

DYNAMIC LIFT TESTING:

Comments: Mr. Alfano attempted to complete the lifting component of this exam and during the knuckle to shoulder occasional lift he was able to pick up the box, but when he attempted to bring it over his head his left lower extremity buckled and he dropped the box. He reported his pain was too severe to continue and he had to lie down. His heart rate elevated 10% with each attempt supporting a maximal effort.

POSITIONAL TOLERANCE TESTING:

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 09

08/04/2005 01:27 9452941423

SPORTS PT OF NV

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Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-8848

Insurance I.D. No: N/A

Comments: Mr. Alfano was unable to tolerate sitting greater than approximately 10-15 minutes. He frequently changed positions lying down and sitting in a reclined position on the plinth. His decreased range of motion and flexibility limits his ability to kneel, stoop, and crawl.

CONSISTENCY OF PERFORMANCE SUMMARY: 13 of 15 Consistent Tests

PERFORMANCE: Consistent Performance Inconsistent Performance Self Limiting Behavior

Discomfort/Pain: Post Mr. Alfano post test pain level was at 9/10 with increased soreness in overall lumbar area. Comments: Mr. Alfano's effort was consistent throughout the exam attempting each task required. His physiologic responses had a direct correlation with his subjective complaints.

ADDITIONAL TESTING / COMMENTS: N/A

AUG-04-2005 THU 01:06 PM

FAX NO.

P. 10

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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Functional Capacity Evaluation

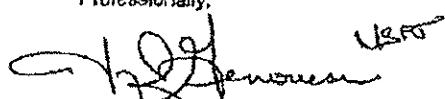
Re: Steven Allano SSN: xxx-xx-9848

Insurance I.D. No.: N/A

ADDITIONAL INFORMATION:

N/A

Professionally,



Handwritten signature of Jacqueline Genovese, with the handwritten text 'N/A' written above it.

Jacqueline Genovese, MSPT
Physical Therapist

AUG-04-2005 THU 01:06 PM

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Functional Capacity Evaluation

Re: Steven Alfano SSN: xxx-xx-8648

Insurance I.D. No.: N/A

Sports Physical Therapy of New York, P.C.
33 Irving Place Floor 9
New York, NY 10003
Phone: 212-677-3989
Fax:

33 Irving Place Floor 9 • New York • NY • 10003 • 212-677-3989 • v2-070505

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PHYSICAL ABILITY ASSESSMENT

are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested photo/data may result in delay in claim determinations).

Patient Name Steven AllianceDate of Birth 11/14/58

Diagnosis(es) / ICD-9 Code

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (0.5 - 1hr)	Occasionally (1-3hr) (2.5 - 5.5 hrs)	Exceptionally (1-3hr) (2.5 - 5.5 hrs)	Check if supported by objective findings
Sitting:				X	
Standing:				X	
Walking:				X	
Reaching: overhead				X	
Desk Level					Unable X
Below Waist					
Fine Manipulation:					
Right:				X	
Left:				X	
Simple Grasp:				X	
Right:				X	
Left:				X	
Wise Grasp:					
Right:				X	
Left:					Unable X
Lifting:					Unable X
10 lbs.					Unable X
11-20 lbs.					Unable X
21-50 lbs.					Unable X
51-100 lbs.					Unable X
100+ lbs.	10				Unable X
Carrying:					Unable X
1 lbs.					Unable X
11-20 lbs.					Unable X
21-50 lbs.					Unable X
51-100 lbs.					Unable X
100+ lbs.					Unable X

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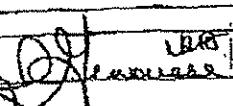
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	Not applicable to diagnostic test	Continuously (67-100%) (15.5 + hrs)	Frequently (34-66%) (7.5 - 5.5 hrs)	Occasionally (1-23%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. 200 lbs)					X
Pulling: (Max. 140 lbs)				X	
Lifting: Regular chairs					Unable
Regular Ladders					Unable
Balancing:					Unable
Bending:					Unable
Cooling:					Unable
Stretching:					Unable
Crawling:					Unable
Sneezing:		X			
Heating:		X			
Smell/Taste:		X			
Environmental conditions:					
Exposure to extremes in heat	X				
Exposure to extremes in cold	X				
Exposure to wet / humid conditions	X				
Exposure to vibration	X				
Exposure to odors / fumes / particles	X				
Can work around machinery	X				Unable
Ability to work extended shifts/ overtime					X
Use lower extremities for foot control:				X	

Please use this space to elaborate on ANY of the above categories:

Please see report for more details.

Jacqueline Genover
Name: Steven HaysSignature: 

Medical specialty: Physical Therapy

Date:

Address:

Phone:

Federal ID tax number:

Please include any objective test or narrative if available.

PAGE 11/25 RCVD AT 04/2005 12:24:53 PM (Central Daylight Time) SVR:HS01MS134 DMS:3121 CSID:8452941423 DURATION (mm:ss):07:30

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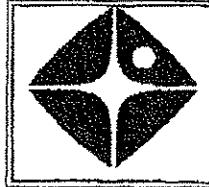
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FUNCTIONAL ABILITIES EVALUATION



Client Information

Client Name: Mr. Steven Alfano

Address:

Dominant Hand: Left Hand
SSN: 000-00-9648

Employment Information

Occupation: Wage and Salary Manager
Employer: Cornell Medical College
Address:Date of Birth: January 14, 1958
Gender: Male
Height: 76 inches
Weight: 270 lbs
Marital Status: Married

Department: Personnel

Start & Finish Date: Jul 26, 2005

Work Status: Not currently working

Canadian Aerobic Fitness Test (nCAFT) Test Summary									© 1996 Philip Gruber, M.D.
HR at start of test	Peak HR	HR at end of recovery	Pain Rating	Blood pressure Start	Blood pressure Finish	V02 Max ml/kg/min	MET	Work equivalency	Graph
108 BPM	114 BPM	114 BPM		138/80	N/A	-0.1	0	Light	

He was unable to continue the test due to biomechanical factors. He was unable to complete test and right leg buckled twice and client lost his balance and was assisted by evaluator and wife to a plinth.

Isometric Strength Testing Summary								© 1996 Philip Gruber, M.D.
Posture	Results	H Changes	Results	Appropriate	Start HR	Max HR	Final HR	Expected
Squat Lift		H Squat Lift		Decrease? N/A				
Back Lift		H Back Lift		Increase? N/A				
Pull Out	14.8 lbs.	L=7.7 R=7.1						N/A
Push In	21.2 lbs.	L=12.8 R=8.4						N/A
High Near L/H		H High Near Lift		Decrease? N/A				

Graphs below shows the change in heart rate for each test.

■ Before & After Test (BPM)
■ During Test (BPM)

PUSH IN NOTE: Test 2 right foot forward, test 3 left foot forward

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The Harcourt evaluation & rehabilitation system is a patented U.S. patent #51,669,61 issued to Harcourt Medical Inc.



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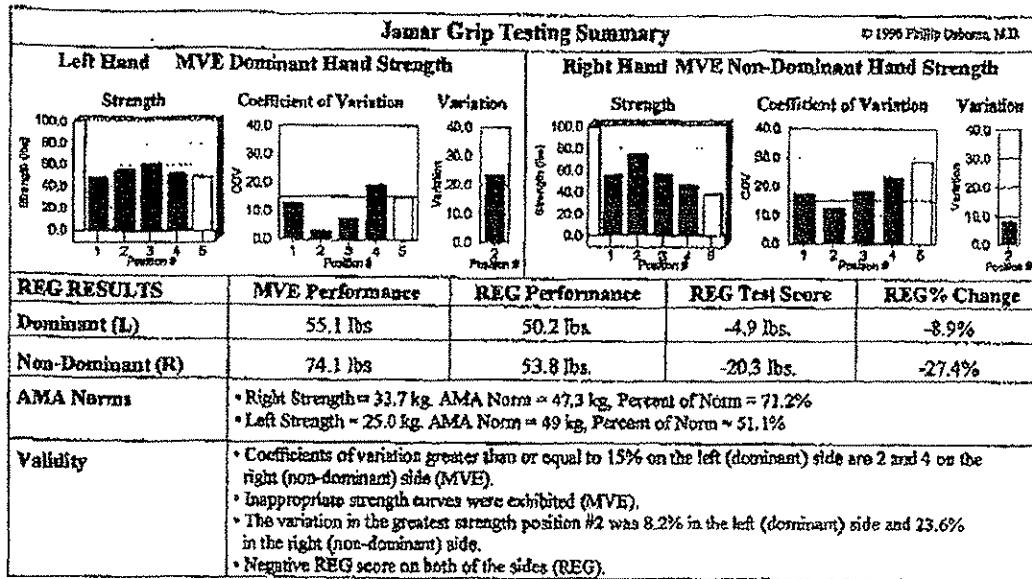
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Mr. Steven A. Dobson


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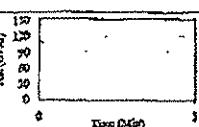
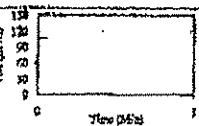
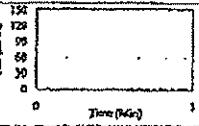
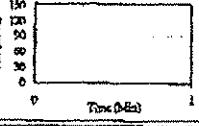
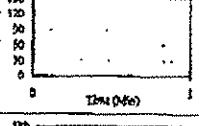
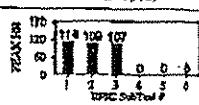
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EPIC Lifting Summary								© 1995 Phillip Oberon, M.D.
Lumbar 1. Knuckle to Shoulder (Occasional)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
20 Lbs.	2-Heavy	Psychophysical	Light	115	114	102	NO	
Lumbar 2. Floor to Knuckle (Occasional)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
0 Lbs.		Psychophysical	Sedentary	106	109	103	NO	
Lumbar 3. Floor to Shoulder (Occasional)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
0 Lbs.	None	Biomechanical	Sedentary	107	107	106	NO	
Lumbar 4. Knuckle to Shoulder (Frequent)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
0 Lbs.	None	Biomechanical	Sedentary	105	0	None	NO	
Lumbar 5. Floor to Knuckle (Frequent)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
0 Lbs.	None	Biomechanical	Sedentary	104	0	None	NO	
Lumbar 6. Floor to Shoulder (Frequent)								
Final Weight	Perceived Load	Termination Reason	Work Equivalency	HR Start of Test	HR Peak	Final HR	Expected	
0 Lbs.	None	Biomechanical	Sedentary	99	0	None	NO	
<ul style="list-style-type: none"> The peak heart rates for each subtest are NOT in the expected ascending order. 6 of the EPIC subtests did NOT display the expected 10% increase in heart rate. Based on the documented physiological and biomechanical changes it is our opinion that the evaluate did provide a maximal acceptable effort during the ELC evaluation. 								

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Mr. Steven Johnson



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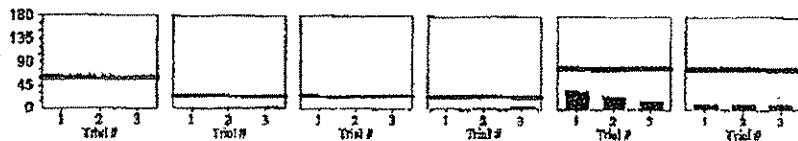
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Range of Motion ► Lumbar

Jul 26, 2005 11:48:57 AM

	Type Lumbar Flexion	Type Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:	0	1	2	1	36	12
Trial 2:	3	4	2	4	26	13
Trial 3:	0	3	2	7	18	11
Average	0.3	2.7	2.0	4.0	26.7	12.0
Maximum	1.0	4.0	2.0	7.0	36.0	13.0
AM&A Valid	YES	YES	YES	YES	NO	YES
% of Normal	1%	11%	8%	16%	33%	13%



Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

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Dr. Steven AB Head

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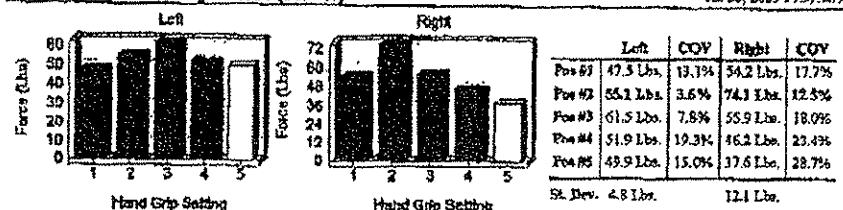
Hand Grip Strength

The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Steven Alfano exerted consistent effort during grip strength testing. Mr. Steven Alfano was tested using the maximum voluntary effort and rapid exchange hand grip protocols. Mr. Steven Alfano is left hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.¹⁻²


The hand dynamometer is set to each of the five neutral positions which vary the effort grip sites. The results of the average maximum force during each position are displayed by the corresponding bar graphs.

Maximum Voluntary Effort (MVE)

Jul 26, 2005 11:39:28 AM



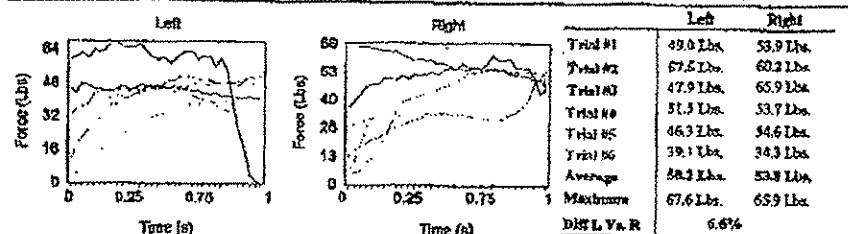
Using the Maximum Voluntary Effort (MVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve^{3-11,12,13}, even in a disabled population or if the client's hand is injured¹⁴⁻¹⁶, with at least 6 of the 10 coefficients of variation within the acceptable 15% or less limit.¹⁷

The graph obtained for Mr. Steven Alfano did not demonstrate a bell shaped curve which may be an indicator of submaximal effort and the coefficients of variation of the underlying data may be an indicator of varied effort with only 5 out of the 10 coefficients of variation within the 15% acceptable limits.


The hand dynamometer is set to position 2. The client applies a maximum force for a very second trial duration quickly alternating between hands. The average maximum force for all six trials is compared to the maximum voluntary effort value in the same position for reliability purposes.¹⁸

Rapid Exchange Grip (REG)

Jul 26, 2005 11:46:23 AM



The peak average force value recorded during the maximum voluntary effort protocol was 74.1 Lbs performed at position 2. The Rapid Exchange Grip (REG) protocol was therefore administered at this position. A negative rapid exchange grip (REG) occurs when the average of the values recorded during the rapid exchange grip protocol are less than the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. Conversely, a positive REG occurs when the average of the values recorded during the rapid exchange grip protocol exceed the average of the values recorded during the maximum voluntary effort protocol in the same position and for the same hand. A negative REG allows the evaluator to have more confidence that the evaluate is performing maximally. A positive REG may be an indicator of submaximal effort.¹⁹ Mr. Steven Alfano produced an average value of 50.2 Lbs for the left hand and 53.8 Lbs for the right hand during the rapid exchange protocol. He produced an average value of 55.1 Lbs for the left hand and 74.1 Lbs for the right hand during the maximum voluntary effort protocol. Mr. Steven Alfano therefore demonstrated a negative REG which may be an indicator of maximal effort.

¹ Stokes J. 1983. The seriously uninjured hand - weakness of grip. *J Occup Med* 25(9):683-684.

² Niedhart B, Marion R. 1990. Voluntary control of submaximal grip strength. *Am J Phys Med Rehabil* 69(2): 96-101.

³ Matheson L, Captain R, Niemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. *Ind Rehabil Q* 1(3):9,13-23.

⁴ Hildreth D, Briderdenby W, Linton G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. *J Hand Surgery* 14A(4): 742-745.

⁵ Klinck B, Stein J. 1997. Volition in impairment rating: the validity of effort assessment. *J Occup Med* 6(7):9-18.

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Mr. Steven Alfano



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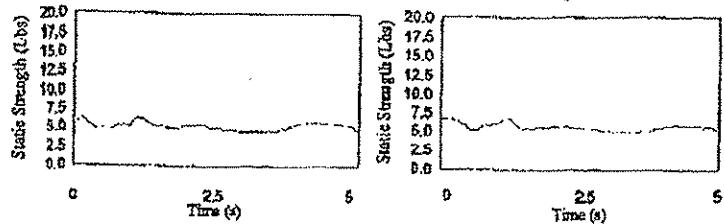
Pull Out Test

This test is designed to measure the pull force of the patient at a cart-height equivalent. The test measures the average force of the patient over a five-second time period.

Test Date: Jul. 26, 2005 12:07:05 PM

Combined Average Force: 10.3 Lbs.

Left Right



Trial 1: 5.0 Lbs | Average: 5.0 Lbs

Trial 1: 5.3 Lbs | Average: 5.3 Lbs

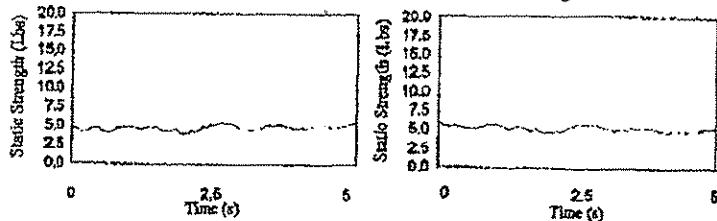
% DHF: 5.7%

Mr. Steven Alfano reached a combined average force of 10.3 Lbs. during the pull out test. The combined average is calculated by adding the average force of 5.0 Lbs. for the left side and 5.3 Lbs. for the right side. This yields 5.7% difference between the sides.

Test Date: Jul. 26, 2005 12:07:22 PM

Combined Average Force: 9.6 Lbs.

Left Right



Trial 1: 4.6 Lbs | Average: 4.6 Lbs

Trial 1: 5.0 Lbs | Average: 5.0 Lbs

% DHF: 8.0%

Mr. Steven Alfano reached a combined average force of 9.6 Lbs. during the pull out test. The combined average is calculated by adding the average force of 4.6 Lbs. for the left side and 5.0 Lbs. for the right side. This yields 8.0% difference between the sides.

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MR. STEVEN ALFANO


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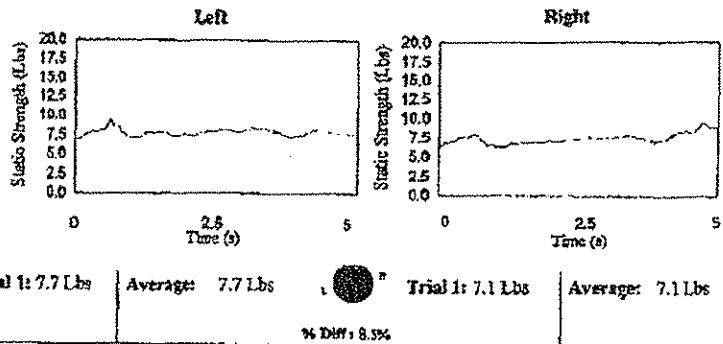
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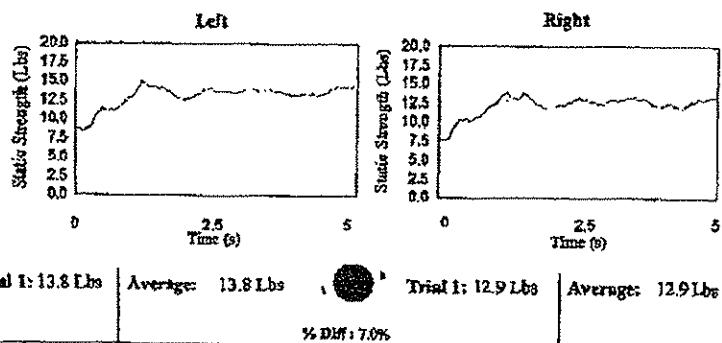
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Test Date: Jul. 26, 2005 12:07:35 PM
Combined Average Force: 14.8 Lbs.

Mr. Steven Alfano reached a combined average force of 14.8 Lbs. during the pull out test. The combined average is calculated by adding the average force of 7.7 Lbs. for the left side and 7.1 Lbs. for the right side. This yields 8.5% difference between the sides.

► Push In Test

This test is designed to measure the push force of the patient at a cart-height equivalent. The test measures the average force of the patient over a five-second time period.

Test Date: Jul. 26, 2005 12:05:16 PM
Combined Average Force: 26.7 Lbs.

Mr. Steven Alfano reached a combined average force of 26.7 Lbs. during the push in test. The combined average is calculated by adding the average force of 13.8 Lbs. for the left side and 12.9 Lbs. for the right side. This yields 7.0% difference between the sides.

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Mr. Steven Alfano

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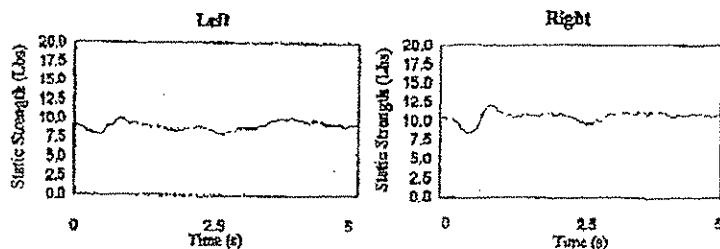
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Test Date: Jul, 26, 2005 12:05:47 PM

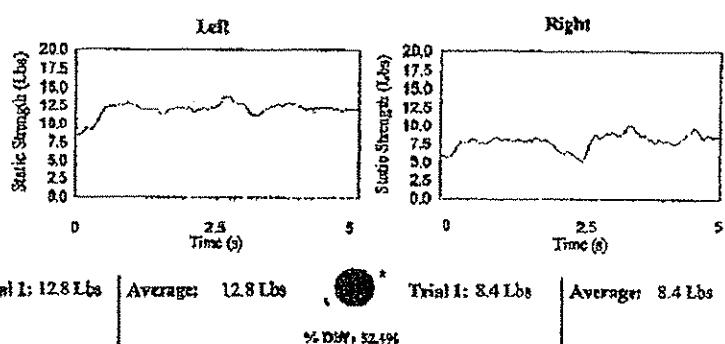
Combined Average Force: 20.6 Lbs.



Mr. Steven Alfano reached a combined average force of 20.6 Lbs. during the push in test. The combined average is calculated by adding the average force of 9.5 Lbs. for the left side and 11.1 Lbs. for the right side. This yields 14.4% difference between the sides.

Test Date: Jul, 26, 2005 12:06:12 PM

Combined Average Force: 21.2 Lbs.



Mr. Steven Alfano reached a combined average force of 21.2 Lbs. during the push in test. The combined average is calculated by adding the average force of 12.8 Lbs. for the left side and 8.4 Lbs. for the right side. This yields 52.4% difference between the sides.

Evaluator Comments:

Test 2 right foot forward, test 3 left foot forward

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Mr. Steven Alfano

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Epic Lifting Capacity

The EPIC Lift Capacity Test



The client performed dynamic lifts to and from various starting and ending positions with gradually increasing weight while their physiological, biomechanical and psychophysical changes are documented.

The EPIC Lift Capacity Test (ELC) was used to determine Mr. Steven Alfano's dynamic lifting and lowering capacity. The ELC is a progressive anthropometric protocol designed to determine the maximal acceptable load someone is capable of manually handling on a safe and dependable basis. The ELC is administered over three shelf heights at two rates of frequency. The two rates of frequency correspond to the occasional and frequent lifting demands as defined by the Dictionary of Occupational Titles. For each subtest the load is systematically increased until one of the three termination criteria (physiological, biomechanical or psychophysiological) are met. During the evaluation physiological, biomechanical and psychophysiological observational data are utilized to determine if the participant provided a maximal acceptable effort.

Mr. Steven Alfano provided the following results:

Test	Range	Frequency	Job Demand	Load	%idle	RAW	%tile	Termination
1	Knuckle to Shoulders	1/cycle	10 Lbs <10th	0.074	<5th			Psychophysical
2	Floor to Knuckle	1/cycle	0 Lbs <10th	0.000	<5th			Psychophysical
3	Floor to Shoulder	1/cycle	0 Lbs <10th	0.000	<5th			Biomechanical
4	Knuckle to Shoulders	4/cycle	0 Lbs <10th	0.000	<5th			Biomechanical
5	Floor to Knuckle	4/cycle	0 Lbs <10th	0.000	<5th			Biomechanical
6	Floor to Shoulder	4/cycle	0 Lbs <10th	0.000	<5th			Biomechanical

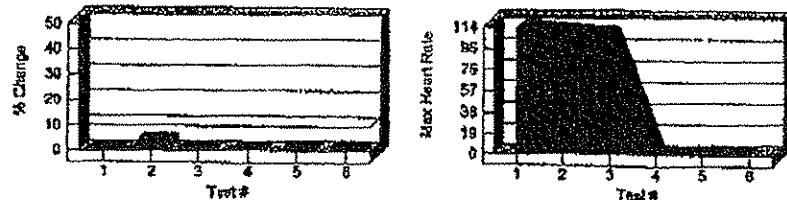
The results from tests numbers 3 & 6 are used to determine the participant's occasional and frequent physical demand level as defined by the Dictionary of Occupational Titles (DOT). Based on these results Mr. Steven Alfano has demonstrated at minimum a sedentary occasional strength demand and at minimum a sedentary frequent strength demand.

Physiological and Biomechanical Changes

Under normal test conditions it is expected that the participant provided the following physiological responses:

- 1) 10% increase in heart rate for each subtest
- 2) The peak heart rate for each of the 6 subtests are in ascending order.

Mr. Steven Alfano provided the following physiological responses:

Global Effort Rating

Based on the documented physiological and biomechanical changes it is our opinion that Mr. Steven Alfano did provide a maximal acceptable effort during the ELC evaluation.

1. Mathew LK, Mekhora V, Orel J, Alfano S, Bell T, Miller T, Lichten R, McNeely G. A test to measure ED capacity of physically disabled individuals. 1995; 5(1):211-225. Mathew LK, Mekhora V, Johnsen D, Lichten R, Orel J, Nagy S, Edman B. A test to measure ED capacity of physically disabled individuals. Part II - Results. 1995; 5(1):227-234. Mathew LK, Mekhora V, Orel J, Lichten B, Xerxes K. Standardized prediction of back capacity. Journal of Back and Muscle Medicine. 2000; 3(1):27-34. Mathew L. Estimating capacity, body weight, rating heart rate, and performance in a test of ED capacity. Journal of Occupational Rehabilitation. 1996; 6(3):223-237.
2. "Maximum acceptable weight" is determined by loads lifted by the subject, based on standard criteria provided in the YMCA test protocol, a copy of which is available on our site for review.
3. Mathew, 1995, above.
4. Relative acceptable weight based on M.A.W. divided by the subject's body weight. The proportion of body weight the subject is able to lift. This can be required to compare the abilities of healthy people of (either) age and gender using normalized normative data.
5. Percent of normal capacity. Compares the capacity in terms of (either) age and gender to levels of proportion of body weight. The number of the percentiles indicates the percent of people in the subject's normative group that which the subject is proportioning. For example, a 250 percent capacity indicates performance above 25 percent of the people in that normative group. Can be used to determine if the subject is achieving a desired level of performance.
6. The degree to which the scores differ from the reported norm value for both age and gender.

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-5989

Mr. Steven Alfano



AUG-04-2005 THU 01:10 PM

FAX NO.

P. 23

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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Occasional - E.R.O.M. ► Axial Rotation Reach



The client while maintaining the required posture moves five pieces of paper from one paper to another and back using a hand to hand transfer. A total of five cycles are completed.

The Sustained Standing Reach with Axial Rotation Evaluation protocol was used to determine Mr. Steven Alfano's ability to perform axial rotation activities in a standing position and performing functional reaching on a sustained basis. Mr. Steven Alfano was tested using the Functional Range of Motion (FROM) System and the performance was calculated using the internationally-recognized MTM (methods-time measurement) standard. Methods-Time Measurement (MTM) is the industrial engineering-based method for the determination of time-motion performance in conjunction with work-related activities. The MTM standard score allows for the means to determine an exact percentage score of performance against the most widely recognized criteria for the assessment of time-motion activities. MTM scoring is based on a criterion referenced time-motion standard to complete a task as opposed to an estimate of ability.

Test Date	Time (min)	MTM Percentage	MTM Rating
Jul 26, 2005 12:24:14 PM	10:40	54%	Below Competitive

The test scoring is based upon the total time necessary to complete five cycles of the task. The time required to complete the test is converted automatically into the equivalent MTM (methods-time measurement) standard score. Mr. Steven Alfano had a MTM score of 54% which correlates to a rating of below competitive.

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33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Alfano

PAGE 21/25 *RCVD AT 08/04/2005 12:24:53 PM [Central Daylight Time] *SVCNHS01MS134 *DMS3121 *CSD:2452041423 *DURATION (mm:ss) 07:30

AUG-04-2005 THU 01:10 PM

FAX NO.

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SPORTS PT OF NY

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Dallas Pain Questionnaire

Please read:

This questionnaire has been designed to give the doctor information as to how your pain has affected your life. Be sure that these are your answers. Do not ask someone else to fill out the questionnaire for you. Please click on the line in the position that expresses your thoughts from 0 to 100% in each section.

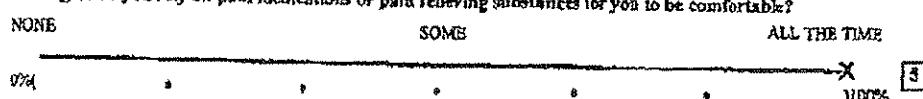
Scoring: Factor I: 93% Daily Activities
 Factor II: 95% Work/Leisure Activities
 Factor III: 95% Anxiety/Depression
 Factor IV: 85% Social Interest

Primary Approach: Combined medical & behavioral intervention

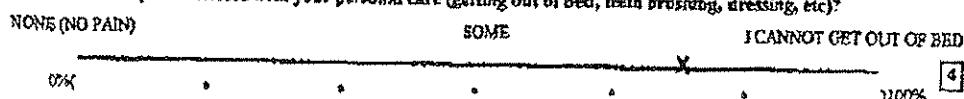
Jul 26, 2005

SECTION I: PAIN AND INTENSITY

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?

**SECTION II: PERSONAL CARE**

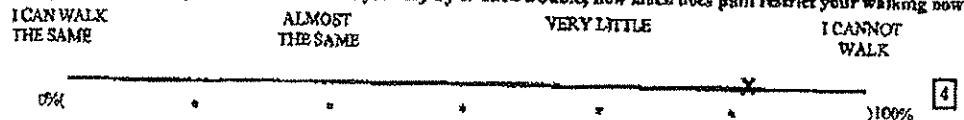
How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?

**SECTION III: LIFTING**

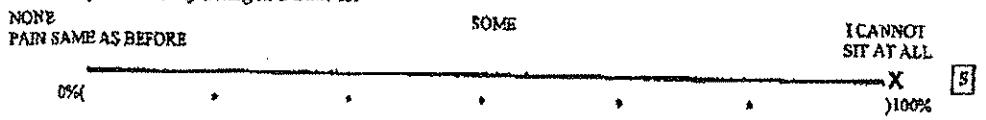
How much limitation do you notice in lifting?

**SECTION IV: WALKING**

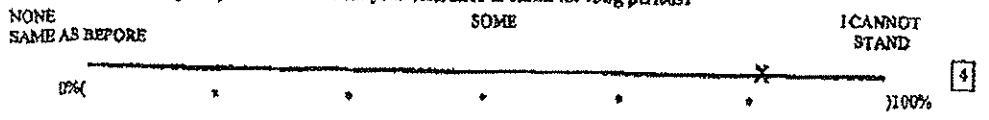
Compared to how far you could walk before your injury or back trouble, how much does pain restrict your walking now?

**SECTION V: SITTING**

Back pain limits my sitting in a chair to:

**SECTION VI: STANDING**

How much does your pain interfere with your tolerance to stand for long periods?



SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
 33 IRVING PLACE, 9TH FLOOR NEW YORK NY 10003 (212) 667-3989

Mr. Steven Alfonso



P. 11

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 25

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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SECTION VII: SLEEPING

How much does pain interfere with your sleeping?

NONE
SAME AS BEFORE

SOME

I CANNOT
SLEEP AT ALL

0%

100%

4

SECTION VIII: SOCIAL LIFE

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc)?

NONE
SAME AS BEFORE

SOME

NO ACTIVITIES
TOTAL LOSS

0%

100%

7

SECTION IX: TRAVELING

How much does pain interfere with traveling in a car?

NONE
SAME AS BEFORE

SOME

I CANNOT
TRAVEL

0%

100%

5

SECTION X: VOCATIONAL

How much does pain interfere with your job?

NONE
NO INTERFERENCES

SOME

I CANNOT
WORK

0%

100%

7

SECTION XI: ANXIETY/MOOD

How much control do you feel that you have over demands made on you?

(NO CHANGE)
TOTAL

SOME

NONE

0%

100%

6

SECTION XII: EMOTIONAL CONTROL

How much control do you feel you have over your emotions?

(NO CHANGE)
TOTAL

SOME

NONE

0%

100%

7

SECTION XIII: DEPRESSION

How depressed have you been since the onset of pain?

NOT DEPRESSED
SIGNIFICANTLYOVERWHELMED
BY DEPRESSION

0%

100%

6

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3939

Dr. Steven A. Dorn

P. 12

AUG-04-2005 THU 01:10 PM

FAX NO.

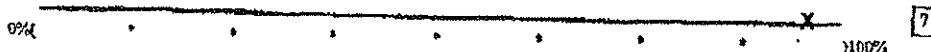
P. 26

08/04/2005 01:27 8452941423

SPORTS PT OF NY

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SECTION XIV: INTERPERSONAL RELATIONSHIPS
 How much do you think your pain has changed your relationships with others?
 NOT CHANGED

DRASTICALLY
CHANGED

SECTION XV: SOCIAL SUPPORT
 How much support do you need from others to help you during this onset of pain (taking over chores, fixing meals, etc.)?
 NONE NEEDED

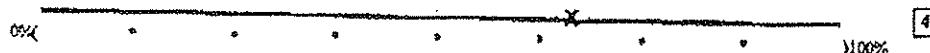
ALL THE TIME



SECTION XVI: PUNISHING RESPONSE
 How much do you think others express irritation, frustration or anger toward you because of your pain?
 NONE

SOME

ALL THE TIME



Cardiovascular Intake Jul 26, 2003

	Resting Rate (b/min)	Systolic (mm Hg)	Diastolic (mm Hg)
	81	138	80
Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure

SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
 33 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 667-3969

Mr. Steven Allone

P. 13

PAGE 24/25 RCVD AT 8/4/2005 12:24:53 PM (Central Daylight Time) SVR:1501MS134 DUS:3121 CSD:8452941423 DURATION (mm:ss):07:30

CLICNY 0748

AUG-04-2005 THU 01:10 PM

FAX NO.

P. 27

09/04/2005 01:27

8452941423

SPORTS PT OF NY

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Modified Canadian Aerobic Fitness Test (mCAFT)



The client uses a double step and if necessary a single step while their heart rate is being monitored. When their heart rate reaches the 85% age predictive maximum heart rate level the test is stopped.

The Canadian Aerobic Fitness Test (CAFT) consists of a series of step tests used to determine aerobic fitness. It consists of a succession of different stepping sequences varying in tempo and step height. The test is performed using a double 20.3 cm step and a single 40.6 cm step and a computerized metronome that sets the appropriate tempo. Participants begin with a warm-up exercise at a cadence intensity of 65 to 70% of the average aerobic power of a person 10 years older. The participant performs the test until one of the following end points: 1) The patient can no longer continue, 2) The patient's heart rate reaches the predetermined 85% age predictive maximum heart rate level, or 3) The instructor terminates testing for biomechanical reasons. During the evaluation physiological, biomechanical and psychophysiological observational data are utilized to determine if the participant provided a maximum acceptable effort.

Mr. Steven Alfano provided the following results :

Jul 26, 2005 11:22:06 AM

Level	Cadence (steps/min)	Step Height (cm)	Age Predicted 85% Max Heart Rate (bpm)	Initial Heart Rate (bpm)	Peak Heart Rate (bpm)
3	102	20.3	114-147	108	114

The test was stopped during the 3 stage due to biomechanical factors.

Physiological Changes

Under normal test conditions it is expected that the patient's peak heart rate for each stage successfully completed should be in ascending order.

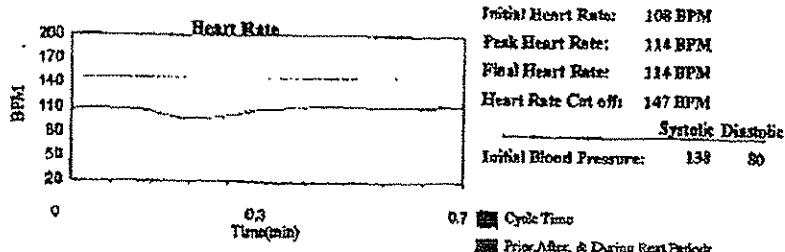
In Mr. Steven Alfano's case it was noted that he did achieve the anticipated physiological result.

Physical Work Intensity by Oxygen Consumption

Max VO2	<0.20 mL/kg/min	Sustained Max VO2	<0.08 mL/kg/min	MET Level	0 METS
Work Intensity for 70-kg Person	Oxygen Consumption	Excess Energy Expenditure			
Light work	7 mL/kg, 0.5 L/min	< 2 METS			
Moderate work	8-15 mL/kg, 0.6-1.0 L/min	2-4 METS			
Heavy work	16-20 mL/kg, 1.1-1.5 L/min	5-6 METS			
Very heavy work	21-30 mL/kg, 1.6-2.0 L/min	7-8 METS			
Arduous work	>30 mL/kg, > 2.0 L/min	> 8 METS			

Evaluator Comments

He was unable to continue the test due to biomechanical factors. He was unable to complete test and right leg buckled twice and client lost his balance and was assisted by evaluator and wife to a plinth.



SPORTS PHYSICAL THERAPY OF NY MANAGED BY HEALTHSOUTH
 37 IRVING PLACE, NINTH FLOOR NEW YORK NY 10003 (212) 657-3988

Mr. Steven Alfano

P. 14

CIGNA REFERRAL FORM

Underwriter: Connecticut General Life CIGNA Life Insurance Company of New York

Service Requested: 1-Day FCE 2-Day FCE

FCE Preference: Own Occupation Any Occupation

Has the claimant been notified of the referral for a FCE? Yes No

Health Dept

CLAIMANT INFORMATION

Date Referred: June 9, 2005	Claim # 01-LTS
Last Name: Alfano	First Name: Steven
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463	
Home Phone: 718-884-2067	D.O.B.: 01/14/1958
Most Recent Employer: Weill Medical College	Job Title: Wage and Salary Manager

REFERRAL SOURCE INFORMATION

Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax 860-731-3244	Office Location: Dallas, TX
Billing Contact/Case Manager: Mark Sodders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

INJURY INFORMATION

Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 th Street/HT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

SPECIAL INSTRUCTIONS/REFERRAL QUESTIONS:

FCE Referral Questions

Claimant Name: Steven Alfano

Case Manager: Mark Sodders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: _____

The Functional Capacity Evaluation has been requested to determine the following information or because of the following: (Please check all that are applicable.)

- 1. Please quantify physical and functional abilities to determine individual's capability to perform any occupation for an 8-hour day. Provide objective rationale if unable to perform a full 8-hour day.
- 2. Can this individual safely return to his/her occupation? (Determine work ability based on: DOT and/or job description enclosed.)
- 3. Does the functional level of the client match those of his/her own occupation, or are reasonable accommodations needed to return to work?
- 4. If the client is unable to safely perform his/her own occupation, what are the limiting factors from performing the job in a safe manner?
- 5. Can the individual return to work in a modified or light duty status?
- 6. Determine safe, permissible lifting abilities and general physical demand category.
- 7. Perform consistency of effort testing and correlate clinical versus functional presentation.
- 8. Did individual demonstrate maximal effort throughout testing, or were self limiting behaviors observed?
- 9. Provide a report of any discrepancy between the subjective complaints, objective findings, and observed behavior.
- 10. Complicated case presentation involving multiple systems, i.e. fibromyalgia, RSD, chronic fatigue syndrome, myofascial syndrome, cancer, diabetes, etc.
- 11. Provide treatment recommendations with objective rationale explaining purpose, goal and prognosis for improved functioning.
- 12. **Do not provide treatment recommendations with report.**
- 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- 14. Provide physical abilities or capabilities form with final report.
- 15. Other Specific Instructions: _____



07/05/05

Mr. Steven Alfano
3800 Waldo Drive
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 26, 2005 at 10:00 a.m. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. PLEASE REVIEW THE HEART QUESTIONNARE THAT IS ENCLOSED WITH THE LETTER. Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,
Shewana R. Harris

HealthSouth
33 Irving Place, 9th Floor
New York, NY 10003
212-677-3989

cc: Cigna

Mark Sodders
Claim Manager
CIGNA Disability Management Solutions



June 13, 2005

Routing 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.2907
Mark.Sodders@Cigna.com

7/18
Steven Alfano
3800 Waldo Avenue,
#13-G
Bronx, NY 10463

Re: Claimant: Steven Alfano
Policyholder: Cornell University Medical College
Policy Number: NYK 1972
CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the captioned Long Term Disability (LTD) claim.

Thank you for your inquiry received in our office on June 10, 2005. Enclosed is a copy of your Long Term Disability Policy for which you are covered for Long Term Disability benefits.

Should you have any questions, please contact the undersigned at 800.352.0611 x5693.

Sincerely,

Mark Sodders

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

Sodders, Mark D 212

From: Steven Alfano [steven.alfano@verizon.net]
Sent: Friday, June 10, 2005 3:18 PM
To: Sodders, Mark D 212
Subject: function test

Hi Mark,

Can you send me a full copy of Cornell's LTD policy with Cigna, I have only a Summary Plan description.

Also, please include any information you have describing the function test itself.

Thanks,
Steve Alfano



07/05/05

Mr. Steven Alfano
3800 Waldo Drive
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 26, 2005 at 10:00 a.m. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. PLEASE REVIEW THE HEART QUESTIONNARE THAT IS ENCLOSED WITH THE LETTER. Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,
Shewana R. Harris

HealthSouth
33 Irving Place, 9th Floor
New York, NY 10003
212-677-3989

cc: Cigna



06/29/05

Mr. Steven Alfano
3800 Waldo Drive, 13-G
Bronx, NY 10463

Dear Steven:

Cigna has referred you to HealthSouth Sports Medicine and Rehabilitation for a 1 -Day Functional Capacity Evaluation. Your appointment has been scheduled for July 7, 2005 at 10:00 a.m. Please make sure you bring a picture id with you to your appointment. This is a very comprehensive series of tests, which takes approximately 4 hours. It is very important that you be on time.

You will need to wear comfortable, loose fitting clothes and sneakers for your evaluation. If you wear eyeglasses or use back or knee supports, please bring them with you as well. If you have been prescribed any medications, please take them as usual.

Please contact our office at (212) 677-3989 upon receipt of this letter to obtain directions to our facility. PLEASE REVIEW THE HEART QUESTIONNARE THAT IS ENCLOSED WITH THE LETTER. Please be aware that HealthSouth requires a minimum of 72 hours notice in the event of a cancellation. Your insurance company will be notified if you cancel or do not show for this appointment.

Sincerely,

Sports Physical Therapy of New York, P.C.
33 Irving Place, 9th Floor
New York, NY 10003
Phone (212) 677-3989

cc: Cigna

Message Confirmation Report

JUN-21-2005 10:38 AM TUE

Fax Number : 9729521262
 Name : CIGNA DALLAS

Name/Number : 918006348532---88595
 Page : 9
 Start Time : JUN-21-2005 10:37AM TUE
 Elapsed Time : 01'09"
 Mode : STD ECM
 Results : [OK]

Facsimile Transmission Cover Sheet



Transmit to FAX number 1-800-634-8532	Date July 21, 2005	Time 10:38 AM	Total number of pages (including this sheet) 9
To	From		
Name Melissa Harrison Company Healthsouth Phone 1-800-634-8536 Address	Name Tiffany Brown Department Expert Resource Phone 1-800-352-0611 *1082 Address 12225 Greenville Ave Dallas, TX 75243		

Custodian: Alonso, Steven

1 Day FCE request please. Attached are the documents. Please contact me with any questions.
 Please Rush

Please
 Thank you,

Tiffany Brown

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The document accompanying this facsimile transmission contains confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your cooperation.

"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and/or by CIGNA Corporation. These include Cigna Life Insurance Company of North America, Cigna Life Insurance Company of New York, and Cigna HealthCare.

 Acknowledgment Requested

To Fax a reply, dial:

Facsimile Transmission Cover Sheet**CIGNA Group Insurance**
Life • Accident • Disability

Transmit to FAX number 1-800-634-8532	Date July 21, 2005	Time 10:38 AM	Total number of pages (including this sheet) 9
To		From	
Name Melissa Harrison	Name Tiffany Brown		
Company Healthsouth	Department Expert Resource		
Phone 1-800-634-8536	Phone 1-800-352-0611 *1082		
Address	Address 12225 Greenville Ave Dallas, TX 75243		

Claimant: Alfano, Steven

1 Day FCE request please. Attached are the documents. Please contact me with any questions.

Please **Rush**

Please

Thank you,

Tiffany Brown

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 Acknowledgment Requested

To Fax a reply, dial:

CIGNA REFERRAL FORMUnderwriter: Connecticut General Life CIGNA Life Insurance Company of New YorkService Requested: 1-Day FCE 2-Day FCEFCE Preference: Own Occupation Any OccupationHas the claimant been notified of the referral for a FCE? Yes No*Health Watch*

CLAIMANT INFORMATION		
Date Referred: June 9, 2005	Claim # 01-LTS	
Last Name: Alfano	First Name: Steven	
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463		
Home Phone: 718-884-2067	D.O.B.: 01/14/1958	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Most Recent Employer: Weill Medical College	Job Title: Wage and Salary Manager	

REFERRAL SOURCE INFORMATION		
Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax 860-731-3244	Office Location: Dallas, TX
Billing Contact/Case Manager: Mark Sodders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

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Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 th Street/HT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

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FCE Referral Questions

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Case Manager: Mark Sodders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: _____

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- 12. **Do not provide treatment recommendations with report.**
- 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- 14. Provide physical abilities or capabilities form with final report.
- 15. Other Specific Instructions: _____

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functionality. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code _____

Throughout an 8-hour workday, the patient can tolerate, with *positional changes and meal breaks*, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:					
Standing:					
Walking:					
Reaching:	Overhead				
	Desk Level				
	Below Waist				
Fine Manipulation:	Right:				
	Left:				
Simple Grasp:	Right:				
	Left:				
Firm Grasp:	Right:				
	Left:				
Lifting:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				

THE NEW YORK HOSPITAL CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/22/04 15:42

Mt Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic. X-rays show no change in the lesion in his proximal femur. We will follow him on an annual basis.

Dempsey S. Springfield, MD

ms

11/22/04 15:42
11/22/04 15:42
11/22/04 15:42
11/22/04 15:42
11/22/04 15:42
11/22/04 15:42
11/22/04 15:42
11/22/04 15:42

	<input type="checkbox"/> Not applicable to diagnosis(es)	<input type="checkbox"/> Continuously (67-100%) (5.5 + hrs)	<input type="checkbox"/> Frequently (34-66%) (2.5 - 5.5 hrs)	<input type="checkbox"/> Occasionally (1-33%) (<2.5 hrs)	<input type="checkbox"/> Check if supported by objective findings
Pushing: (Max Wt: _____)					
Pulling: (Max. Wt: _____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					
Environmental Conditions:					
Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Can work around machinery					
Ability to work extended shifts/ overtime:					
Use lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name: _____ Signature: _____
 Medical Specialty: _____ Date: _____
 Address: _____ Phone: _____
 Federal ID tax number: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

THE NEW YORK HOSPITAL CORNELL MEDICAL CENTER



45104

Steven Alfano
NYH # 228-41-47
09/10/04 22:44

CORNELL INTERNAL MEDICINE ASSOCIATES

Progress Note: Steven Alfano / September 10, 2004

Subjective: 46 year old man with
lumbar spinal stenosis - ran out of Oxycontin - did very poorly, now better

HTN - attributes high BP today to running out of meds

neck pain - currently complaining of neck pain/stiffness
R > L

Objective:

BP 140/100 P Wt 275 lbs Height 6ft 3in
126/96 repeat
upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pm
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 40MG TABLETS / 1 tab po tid
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:

neck pain: discussed problem of deciding whether to treat if identified
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy

Discontinued: ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Roach, M.D.
Electronic Signature on File

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/23/02 12:29

HSS

MRI LOWER EXTREMITY

Dr. Michael Alexiades

IMPRESSION:

Magnetic resonance imaging of the right hip demonstrating superficial cartilage loss over the hip joint, borderline acetabular dysplasia and a torn, hyperplastic and degenerated anterior acetabular labrum.

There is a marrow replacement process affecting the left femur which overall has a non-aggressive appearance. Differential possibilities are noted, as above.

Dictated by Hollis Potter M.D.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/01/03 11:23

Mt Sinai School Of Medicine

January 224th 2003

Dr. Dempsey S. Springfield, MD
Orthopaedic Surgeon
212 211 2211
fax # 212-534-6145

DX: LSMFT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and readiodensities. I compared it to the one taken in July.

ms

-28-2005 11:38 P.M.

Transmit to: 2008-04-28 11:38 P.M.

1

Facsimile Transmission Cover Sheet

Medical Records

CIGNA Group Insurance
Life - Accident - Disability

Transmit to FAX number 212-746-8127	Date April 28, 2005	Time 1:00 p.m.	Total number of pages (including this sheet): 4
Name Dr. Roach	Name Mark Sodders	Company	Department CIGNA Disability Management Solutions
Phone 212-746-2879	Phone 1.800.732.0611 Extension 5693	Address	Address 12225 Greenville Avenue Suite 1000, LB 170 Dallas Texas 75243

Comments

RE: Steven Alfano
 DOB: 01/14/1958
 Policyholder: Weill Medical College NYK 1972
 Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wages/income) we are in need of the following information:

- ♦ Copies of your patient's notes, including diagnostic test and lab results, from 8/1/04 to the present.
- ♦ A completed **Physical Abilities Assessment Form (attached)**.

We ask that you kindly respond by 5/13/05 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your **tax identification number**. If this request requires a pre-payment, please call me at the phone number above or fax (860.731.2907) a fee request to my attention.

Sincerely,

Mark Sodders

5/13/05 AT 11:38 AM 23978

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please notify the sender by telephone at the number above. The document accompanying this facsimile transmission contains confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York

Acknowledgment Requested

To Fax a reply, dial: 860.731.2907

APR-28-2005 11:30 From:

To: 1212 746 8127

P.2

PHYSICAL ABILITY ASSESSMENT

We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. Please substantiate your findings with medical documentation. (Failure to provide the requested reports/data may result in delay in claim determinations).

Patient Name _____ Date of Birth _____
 Diagnosis(es)/ICD-9 Code _____

Throughout an 8-hour workday, the patient can tolerate, with positional changes and meal breaks, the following activities for the specified durations:

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Sitting:					
Standing:					
Walking:					
Reaching: Overhead					
Desk Level					
Below Waist					
Fine Manipulation: Right:					
Left:					
Simple Grasp: Right:					
Left:					
Firm Grasp: Right:					
Left:					
Lifting: 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.	•	•	•	•	•
Carrying: 10 lbs.	•	•	•	•	•
11-20 lbs.	•	•	•	•	•
21-50 lbs.	•	•	•	•	•
51-100 lbs.					
100+ lbs.					

APR-28-2005 11:30 From:

To: 1212 746 8127

P.3

	Not applicable to diagnosis(es)	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Check if supported by objective findings
Pushing: (Max. Wt.: _____)					
Pulling: (Max. Wt.: _____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					
Environmental Conditions:					
Exposure to extremes in heat					
Exposure to extremes in cold					
Exposure to wet / humid conditions					
Exposure to vibration					
Exposure to odors / fumes / particles					
Can work around machinery					
Ability to work extended shifts/ overtime:					
Use lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name:

Medical Specialty:

Address:

Federal ID tax number:

***Signature:**

Date: 23

Phone:

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

APR-29-2005 11:30 From:

NOV. 30, 2004 3:30PM

NY

To: 1212 746 8127

P.4

NO. 279

P. 5

DISCLOSURE AUTHORIZATION

Claimant's Name (Please Print):

STEVEN ALRANO

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, pharmacy, employee assistance plan, insurance company, health maintenance organization or similar entity to provide access to or to give the company named below (Company) or the Plan Administrator or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: cause, treatment, diagnoses, prognoses, consultations, examinations, tests, prescriptions, or advice regarding my physical or mental condition, or other information concerning me. This may also include, but is not limited to, information concerning: mental illness, psychiatric, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome), as well as communicable diseases and genetic testing. If my plan administrator sponsors both a disability plan underwritten or administered by Company and a medical plan of any type written by another CIGNA company, the information and records described in this form may also be given to any CIGNA Company which administers such medical or disability benefits for the purpose of evaluating any claim that may be submitted by me or on my behalf for benefits, for evaluating return to employment opportunities, and for administering any feature described in the plan. This information may also be extracted for use in audits or for statistical purposes.

I AUTHORIZE: any financial institution, accountant, tax preparer, insurance company or reinsurer, consumer reporting agency, insurance support organization, Claimant's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or the Plan Administrator or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage, prior claim files and claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, any amounts payable, return to employment opportunities, and to administer any other feature described in the plan with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim, but not to exceed 24 months. A photocopy of this form is as valid as the original and I or my authorized representative may request one, I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. The information obtained will not be disclosed to anyone EXCEPT: a) reinsurance companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim or the plan, including any entity providing assistance to the Company under its Social Security Assistance Program and employers involved in return to employment disclosures; e) for audit or statistical purposes; f) as may be required or permitted by law; g) as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

If my medical information contains information regarding drug or alcohol abuse, I understand that my records may be protected under federal (42 CFR Part 2) and some state laws. To the extent permitted under law, I can ask the party that disclosed information to the Company to permit me to inspect and copy the information it disclosed. I understand that I can refuse to sign this disclosure authorization; however, if I do so, Company may deny my claim for benefits pursuant to the plan. The use and further disclosure of information disclosed hereunder may not be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Claimant or
Claimant's Authorized Representative:

Date: 11/4/04

Relationship,
if other than Claimant:

Claimant's Social Security Number: 099-44-9648

Company Name: CIGNA LIFE INSURANCE COMPANY OF NEW YORK

PROHIBITION ON RE-DISCLOSURE

If the medical information contains information regarding drug or alcohol abuse, it may be protected under federal law. Federal regulations (42 CFR Part 2) prohibit any person or entity who receives such protected information from the Company from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of such protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

Page 4 of 5

60505
C200W-0373
8-12-02

PATIENT INFORMATION SHEET

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

HOME (212)746-1038
718-884-2067

EMERGENCY CONTACT

NAME Eva Alfano
PHONE 718-884-2067

SSC SEC:	HOSP.#	SEX	DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS
099-44-9648	228-41-47	M	01/14/1958		M X W D S

SPOUSE'S NAME MOTHER'S NAME FATHER'S NAME

Eva Alfano

INS. CO. NAME (Primary) INS. CO. NAME (Secondary)

United HealthCare (Employee)	Medicare
PLAN #	GROUP #

963376884 099-44-9648-A

Diagnoses

ICD 722.4 CERVICAL DISC DEGEN[09/28/04-09/29/04]
ICD 781.99 NERVE/MUSC/SKEL SYM#LC[09/10/04-09/10/04]
ICD 780.57 SLEEP APNEA NEC/NOS[09/23/03-09/22/03]
ICD V70.0 GENERAL MEDICAL EXAM NEC[09/22/03-09/22/03]
ICD 712.1 NON-SPECIFIC SKIN ERUPT NEC[09/21/03-05/21/03]
ICD 843.8 SPANN HIP THIGH NEC[04/17/03-04/17/03]
ICD 607.84 IMPOTENCE ORGANIC ORIGIN[12/11/02-12/11/02]
ICD 520.9 TJOOTH DEVELOPUP DIS NOS[12/11/02-12/11/02]
ICD 311 DEPRESSIVE DISORDER NEC[09/27/02-09/27/02]
ICD 213.7 BEN NED LONG BONES LEG[06/13/02-12/11/02]
ICD V72.84 PHYS EXAMINATION NOS[01/11/02-04/07/03]
ICD 724.02 SPINAL STENOSIS-LUMBAR[09/06/00-09/10/01]
ICD 724.00 SPINAL STENOSIS NOS[06/19/00-09/27/03]
ICD 600 HYPERPLASIA OF PROSTATE[09/13/00-09/13/00]
ICD 535.40 GASTRITIS NEC[06/03/99-06/03/99]
ICD 535.50 GASTRITIS/DUODENITIS NOS[06/03/99-06/12/00]
ICD 735.9 ACO DEFORMITY OF TOE NOS[04/23/99-04/23/99]
ICD 681.11 CELULITIS OF DIGIT NOS[07/12/99-03/22/00]
ICD 716.84 ARTHROPATHY NEC/HAN/JO[1/18/90-02/18/91]
ICD 346.00 CLASSIC MIGRAINE/NOT INT/OC[03/28/98-01/11/02]
ICD 420.1 EPONCHITIS NOS[09/09/98-10/23/00]
ICD 784.0 HEADACHE[03/22/98-03/21/98]
ICD 278.02 OBESITY NOS[06/30/97-10/23/00]
ICD E929.0 LATE EFF MOTOR VEHIC ACT[3/6/93/7-3/6/3/97]
ICD 305.11 TOBACCO ABUSE-CONTINUOUS[04/09/97-12/21/99]
ICD 726.19 ROTATOR CUFF DIS NEL[04/05/97-06/11/02]
ICD 478.9 UPPER RESP DIS NEC/NOS[01/17/97-01/17/97]
ICD 346.0 CLASSICAL MIGRAINE[10/01/98-10/01/06]
ICD 401.0 HYPERTENSION NOS[10/01/95-09/18/04]
ICD 715.17 TRAUMA ARTHROPATHY-ANKLE[01/09/95-05/22/00]
ICD 727.41 RANGLION OF JOINT[01/09/94-03/11/97]
ICD 462. ACUTE PHARYNGITIS[1/0/95-1-01/95]
ICD 278.0 OBESITY[10/17/95-01/3/09]
ICD 401. ESSENTIAL HYPERTENSION[01/29/95-06/29/95]
ICD 686.9 LOCAL SKIN INFECTION NOS[07/3/95-04/27/01]
ICD 079.99 VIRAL INFECTION NOS[1/22/95-1/22/99]

Medications

OXYCONTIN 80MG TABLETS / 1 tab po qid
LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
VIOXX 50MG TABLET / 1 tab po qd

ALLERGIES

3320-88010
50-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/15/95 16:24

Progress Note: Steven Alfano / December 15, 1995

Subjective:
still wants to lose the weight
and stop smoking
wife was sick with infectious diarrhea recently

Objective:

BP P Wt 204.5 lbs
L: clear
C: rr

Current Medications:

AMOXICILLIN 250MG CAPSULE / 1 po tid
NICORETTE 2MG CHEWING GUM / no more than 8 per day
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

Plan:
primatec tabs
ruq pain resolved
cont. diet
smoking program

Andrew Schiff, MD

3780-440010
50-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/16/96 16:29

Dear Mr Alfano:

Xray reveals question of stress fracture
p/ ortho follow up

Sincerely,

Andrew Schiff, MD

3130-084010
50-23-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
06/30/97 15:06

Progress Note: Steven Alfano / June 30, 1997

Subjective:

Patient experienced Motor Vehicle Accident yesterday when he was hit on the driver's side door resulting in contusions of the left side of his body.

No loss of consciousness, no visual changes, no head trauma.

complains of:

contusion on medial aspect of left knee
contusion of lateral aspect of left thigh
tenderness of the lower left side of his back.
tenderness and stiffness of his right neck.

Objective:

BP 130/96 P 88 reg. Wt

Op: clear

L: clear

C: RRR no murmur

Full range of motion at knee left side
full range of motion of hip and left side
straight leg raise to 75 degrees
contusion on medial aspect of left knee
some stiffness on rotation of neck

N: intact

2-12 intact

balance intact

Current Medications:

ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

s/p MVA

Plan:

flexeril
rest

6700-88010
80-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/29/97 10:53

Message from Steven Alfano:

Reason for call:
Pt w/ sore throat, + fever, no cough, (+) lab, tonsils were removed
child sick at home

Assessment:
1)Rx Biaxin 500 mg po bid x7
2)DI pharmacy 18-549-6709

Glen B Gechlik, MD

3780-8M010
S0-83-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/02/98 14:55

Progress Note: Steven Alfano / March 2, 1998

Subjective: 40 year old man with

Objective:

BP 150/90 P 72 : eg Wt

Current Medications:

BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po daily
ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:

Plan:

MRI BRAIN W/O CONTRAST
CARDIOVASCULAR EVAL

Andrew Schiff, MD

8770-44010
50-81-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/02/98 15:30

Progress Note: Steven Alfano / March 2, 1998

Subjective: 36 year old man with
sinus congestion
yellow discharge
chronic headaches (common migraine variant)
esic not working
will try tenormin
his daughter has headaches
obesity
obt needs substantial work
hypercholesterolemia
needs work
persistent URI
probably related to fatigue stress
joint pain
right shoulder
left knee
would benefit from pt

Objective:

BP 150/90 P 72, eg Wt
from all joints
N(entirely intact, N-XII

Current Medications:

BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po daily
ESGIC-PLUS TABLET / 1-2 tabs po prn headache
AXID 150MG PUL.VULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:
as above

Plan:

MRI BRAIN W/0 CONTRAST
CARDIOVASCULAR EVAL
TYPE & SCREEN BATTERY
revisit 1 week
Andrew Schiit, MD

3336-04010
30-03-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/31/98 10:15

Progress Note: Steven Alfano / March 31, 1998

Subjective: 45 year old man with
headaches
respond to stimulant
maybe should try coffee bid
exercise
over left temporal lobe
also with involvement of left nasal passage
tenormin does not improve it
may try ca blocker
sumatriptan pm
taper off tenormin

Objective:

BP 130/88 P 84 reg Wt

Current Medications:

VERELAN 240MG CAPSULE SA / 1 po qd
BACTRIM DS TABLET / 1 po bid
TENORMIN 50MG TABLET / 1 po bid
ESGIC-PLUS TABLET / 1-2 tabs po pm headache
AXID 150MG PULVULE / 1 po bid
ASPIRIN 325MG TABLET EC / 1 po qd
BACTROBAN 2% OINTMENT / apply bid as directed

Impression:
headaches
multifactorial

Plan:
as above

Andrew Schiff, MD

3330-04010
S0-CT-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
04/06/98 17:17

Dear Mr Alfano:

Enclosed are radiology films that were sent to us by your radiologist. These films were taken on .

The best way for you and your caregivers to ensure that these films are available to you for use in the future is to give them to you for safekeeping. It is important for your physician or nurse practitioner to have old films available to compare with films that may be taken of you in the future. This is true even if the films we are sending you are normal.

If you have any questions about your films, please feel free to ask your Doctor or Nurse Practitioner about them at the time of your next visit.

Sincerely,

Cornell Internal Medicine Associates

0700-44030
30-83-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/08/98 14:30

Progress Note: Steven Alfano / September 8, 1998

Subjective: 40 year old man with no significant PMhx now with 2 day h/o sore throat, coughing up yellow mucus, burning in chest assoc with coughing, mild DOE, and congestion in ears. +/- fevers, (+) h/o, generalized muscle aches. (+) sick contacts at home (wife and daughter with URI sxs over past few days). Pt 25 pack year smoker, quit 2 days ago and now on nicotine patch. No recent travel hx. No known TB exposure; last PPD 4 years ago, negative. Never had pneumonox. Otherwise, no chills, no discharge from eyes/ears/nose, no nasal congestion, no swelling of nodes in neck, no dizziness or lightheadedness. No known HIV risk factors.

NKDA

Objective:

BP: 145/90 P: No regular T: 96.5 RR: 20

HEENT: conjunctiva pink, TMs clear b/l with good light reflex, OP with minimal erythema

Neck: supple, no LAD, no masses

Lungs: CTA b/l

Heart: RRR. No M/R/G

Current Medications:

Emitrex 50mg po prn migraines, last time few days ago

Azid 150mg po qd pm, last time 5 days ago

ECASA 81 mg po qd

Impression:

40 yr man with 25 pack year smoking hx presents with tracheobronchitis v. atypical pneumonia. Given significant h/o smoking, will elect to Rx with Biaxin despite probable viral etiology given co-morbid condition.

Plan:

1. Tracheobronchitis v. atypical pneumonia:
-Biaxin 50mg po bid x5 days
-Fluids
-OTC guaifenesin for cough pm

2. HCM:

-encouraged pt to follow through with smoking cessation
-cont current medications

3. Flu:

-Dr. Schiff in 6 month

Pt seen and d/w Dr. Anderson.

Steve Sung-Yoon Kim, MD

SPED-MED
09-01-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 228-41-47
09/08/98 14:57

PIC Note: Steven Altano / September 8, 1998

Case reviewed with Dr Kim. Patient seen and examined by me.

Details of history and physical as per resident's note.

40 year old man here for sore throat, cough productive of yellow mucous, burning sensation in chest when coughs. He also has congestion in ears. These sxs have been going on for the past 2 days.

Objective:

BP=145/90 P=90 Afebrile

HEENT-

Current Medications:

AXID 150MG PILLULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Sheila Anderson, MD
AN028

2000-09010
90-81-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/28/98 12:39

Progress Note: Steven Alfano / September 28, 1998

Subjective: 40 year old man with

smoking cessation
with encouragement stopped smoking
over labor day
used nicotine patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vom imitrex

foot
some pain esp with weight bearing

Objective:

BP 120/80 (once he rested in the room for 5 minutes)

P 72 reg Wt 300 lbs

L: clear

C: RRR

A: soft

foot: normal exam

shoulder: some pain with abduction with resistance

W: intact

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PILLULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
dehond bursitis
rotator cuff strain
alexaites
pt
watch carbohydrates
imitrex for migraine
foot
better arch support

Plan:

ORTHOPEDIC CONSULT

330-8403
90-03-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/28/98 12:39
Page# 2

Andrew Schiff, MD

228-41-47
09-28-98

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
11/24/98 15:04

Progress Note: Steven Alfano / November 24, 1998

Subjective: 46 year old man with
revision

(1) weight-still over 300 lbs, decreased headache sx on low carbohydrate, improved bm/less constipation, generally
feels better
(2) wants inspection to small cyst on anterior right leg- ok prob small dermal cysts, also has skin tag in groin
region-which should be removed.
neither are painful and both have been there for awhile

pfsh:
unchanged still stress at work

Objective:
well-appear
nt thyroid
no cerv, sc, axillt lymphs
skin: multiple skin tags
BP 130/80 P72 Wt 302 lbs
L: clear, no wheezes
C: RRR, no m.e.
A: soft, m (+) hs
n: intact

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
derm for skin tag removal
continue on low carbohydrate diet

Plan:
Andrew Schiff, MD

STANDWHD
SO-81-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/18/99 13:43

Progress Note: Steven Alfano / February 18, 1999

Subjective: 41 year old man with
left thumb pain
playing with son
jammed thumb

smoking cessation
with encouragement stopped smoking
over labor day
used nictoderm patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vom imirex

foot
some pain esp with weight bearing

Objective:

BP P Wt
from at thumb
no contusions

Current Medications:

BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
prob ligamentous tear/thumb sprain
needs conservative tx

try intranasal imirex

Plan:
Andrew Schiff, MD

338-4400
20-21-3

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/22/99 11:14

Progress Note: Steven Alfano / February 22, 1999

Subjective: 41 year old man with
swollen right thumb over weekend
no trauma
no clear infection
painful
no bx of gout

Objective:

BP P Wt
red swollen soft tissue surrounding thumb

Current Medications:

KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
indocin
keflex

Plan:
call if no improvement

Andrew Schiff, MD

3/22/99
SCHIFF

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/05/99 08:47

Dear Mr Alfano:

Enclosed are radiology films that were sent to us by your radiologist. These films were taken on .

The best way for you and your caregivers to ensure that these films are available to you for use in the future is to give them to you for safekeeping. It is important for your physician or nurse practitioner to have old films available to compare with films that may be taken of you in the future. This is true even if the films we are sending you are normal.

If you have any questions about your films, please feel free to ask your Doctor or Nurse Practitioner about them at the time of your next visit.

Sincerely,

Cornell Internal Medicine Associates

2780-AM010
30-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
04/23/99 09:30

HIC Note: Steven Alfano / April 23, 1999

Case reviewed with Dr Malebranche.

Details of history and physical as per resident's note.

41 year old man here for fracture fifth toe-happened a few days ago-got an xray which shows fracture of 5th metatarsal which is nondisplaced and not going through joint. Pt buddytaped. Here for eval...

Objective:

BP P T Wt
ecchymosis toe

Current Medications:

KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:Uncomplicated fracture 5th metatarsal

Plan:prn NSAIDS
no further intervention necessary

Leanne Forman, MD
F0046

8380-4400
90-21-3

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 228-41-47
04/23/99 09:37

Progress Note: Steven Altano / April 23, 1999

Subjective: 41 year old man with hx of migraines, here for eval of toe. Hit right foot on table tuesday night, stubbed right pinky toe, with pain, swelling - called Dr. Schiff, went to XRAY, found to have fx. Pt buddy taped toes that night til yesterday, but removed tape at time of xray, no pain meds taken

Objective:

right foot - erythema with ecchymotic areas around small toe, tender to palpation. 2+ DP pulse, adequate sensation to LT.

Foot film - linear fx at proximal phalynx of small toe

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression: young male with proximal phalynx toe fx

Plan:

- motrin 400 q4 prn
- warm compresses
- soft shoes as needed
- f/u with Dr. Schiff prn

David Malebrancane, MD

8780-WM010
00-27-3

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/07/99 13:24

Progress Note: Steven Alfano / May 7, 1999

Subjective: 41 year old man with
5th toe fracture discussed

Objective:

BP P Wt

Current Medications:

MOTRIN 400MG TABLET / one tab po q 4 hrs pm
KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pm
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Andrew Schiff, MD

3330-88010
50-319

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
06/03/99 14:17

Progress Note: Steven Alfano / June 3, 1999

Subjective: 55 year old man with
occasional epigastric sx
sometimes nocturnal; never
related to exercise

Imitrex working well

Objective:

BP P Wt
no ventral hernia
slight cakness in RA muscles

Current Medications:

MOTRIN 400MG TABLET / one tab po q 4 hrs prn
KEFLEX 500MG PULVULE / 1 po bid
INDOCIN 50MG CAPSULE / 1 po tid with food
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
BIAXIN 500MG TABLET / 1 po bid with meals
AXID 150MC PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
RX imitrex
UGI series
RX axid

Plan:

Andrew Schirf, MD

333-4433
20-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 03:09

Patient Name: ALFANO, STEVEN

History #: 228-41-47

Accession #: NY192124U

Soc Securiy: 090-44-9648

Date of Birth: 01/13/1958

Sex: M

Ordered by: SC BHF

Specimen Date: 07/14/1999 03:09

Report Date: 07/14/1999 09:05

Status: Final

GLUCOSE, PLASMA 104 MG/DL
1997 AMERICAN DIABETES ASSOCIATION
DIAGNOSTIC CRITERIA FOR DIABETES MELLITUS

GLUCOSE VALUE (MG/DL)	INTERPRETATION	FASTING	RANDOM
NORMAL	<110		
IMPAIRED FASTING	110-126		
DIABETES	>OR=126*	>OR=200**	

* MUST BE CONFIRMED BY TESTING ON A SUBSEQUENT DAY.

**SYMPTOMS OF DIABETES AND CONFIRMED BY TESTING ON
A SUBSEQUENT DAY.

COMPREHENSIVE METABOLIC PANEL WITHOUT CO₂

GLUCOSE	69 L	MG/DL	70-115
UREA NITROGEN (BUN)	14	MG/DL	7-25
CREATININE	1.1	MG/DL	0.5-1.4
BUN/CREATININE RATIO	13	(CALC)	6-25
SODIUM	142	MEQ/L	135-146
POTASSIUM	3.6	MEQ/L	3.5-5.3
CHLORIDE	103	MEQ/L	95-108
CALCIUM	8.8	MG/DL	8.5-10.3
PROTEIN, TOTAL	7.2	G/DL	6.0-8.5
ALBUMIN	4.4	G/DL	3.2-5.0
GLOBULIN	2.8	G/DL (CALC)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.6	(CALC)	0.8-2.0
BILIRUBIN, TOTAL	0.5	MG/DL	0.0-1.3
ALKALINE PHOSPHATASE	99	U/L	20-125
AST (SGOT)	23	U/L	0-42
CBC (INCLUDES DIFF/PLT)			
WHITE BLOOD CELL COUNT	9.0	THOUS/MCL	3.8-10.8
RED BLOOD CELL COUNT	4.91	MILL./MCL	4.40-5.80
HEMOGLOBIN	14.6	G/DL	13.8-17.2
HEMATOCRIT	42.9	%	41.0-50.0
MCV	87.3	FL	80.0-100.0
MCH	29.7	PG	27.0-33.0
MCHC	34.0	G/DL	32.0-36.0
RDW	12.8	%	9.0-15.0
PLATELET COUNT	244	THOUS/MCL	130-400
ABSOLUTE NEUTROPHILS	6300	CELLS/MCL	3500-7800
NEUTROPHILS	70	%	
ABSOLUTE LYMPHOCYTES	2160	CELLS/MCL	850-4100
LYMPHOCYTES	24	%	
ABSOLUTE MONOCYTES	450	CELLS/MCL	200-1100
MONOCYTES	5	%	

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 03:09
Page# 2

ABSOLUTE EOSINOPHILS	90	CELLS/MCL	50-550
EOSINOPHILS	1	%	
ABSOLUTE BASOPHILS	0	CELLS/MCL	0-200
BASOPHILS	0	%	
TOTAL PSA	0.5	NG/ML	< OR = 4.0

3780-88010
50-21-3

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 15:03

Progress Note: Steven Alfano / July 14, 1999

Subjective: 31 year old man with
cyst in mount for 3 weeks
although, of late, seems to be improving
no fever, chills, n.v.d

headaches now seems to be better controlled
on imitrex with refill nasal imitrex
also encourage low carbohydrate diet
given information

prior stress fracture

smoking cessation
with encouragement stopped smoking
over labor day
usesd nicoderm patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
vont imitrex

foot
some pain esp with weight bearing

Imh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

3330-004010
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
COPNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
07/14/99 15:03
Page# 2

Objective:

well-appearing, has a beard
ears: clear, al hearing
BP 140/90 P72 Wt 302 lbs
op: clear, no erythema
no cerv, ax, sc nodes
L: clear, no wheezes
C: RRR, no rbg
A: soft, nt tress, nt ls obese
extr: no edema
n: intact
small inclusion cyst on posterior portion of right side of mouth.

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

weight loss
colonoscopy- father had colon ca, and multiple polyps
labs
refill imitrex
reassure about cyst in mouth

Plan:

PROSTATIC SPECIFIC ANTIGEN (PSA)
CBC COMPLETE WITH DIFFERENTIAL
COMPLETE METABOLIC PANEL (12 TESTS)
COLONOSCOPY

Andrew Schitt, MD

8730-WNDID
60-ET-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/18/99 09:44

Progress Note: Steven Alfano / October 18, 1999

Subjective: 41 year old man with

erosive esophagitis by esd/ barium
on prevacid

Objective:

BP P Wt

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PUL VULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

Plan:

Andrew Schiff, MD

330-8000
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/21/99 14:15

PIC Note: Steven Alfano / December 21, 1999

Case reviewed with Dr Dye.

Details of history and physical as per resident's note.

41 year old man with ...
several days of joint pains, myalgias, cough, chills, and burning sensation in chest.

PMH: HTN
smoker
migraine

ROS: some loose stools
no sick contacts at home

Objective: Obese man in NAD

T=98.6 F

EXAM as documented by Dr. Dye

Current Medications:
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression: Viral URI

Plan: Supportive care w/ fluids, OTC cold remedies, tylenol prn.

Sheila Anderson, MD
ANO28

3730-44010
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/21/99 14:20

Progress Note: Steven Alfano / December 21, 1999

Subjective: 41 year old man with mild headache, muscle aches loose stools dry cough with substernal burning, burning NOT assoc with exertion not had before. +smoking no asthma no known wheezing in past. no fever sweat mild chills.

Objective:

T 98.6
heent conjunctiva clear nares clear no mucus op clear no exudates
neck - no lad
lungs clear no wheeze/rales
card - regular s1 s2
abd - +bs soft obese

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:

mild viral illness.

Plan:

1. humidify air passages as much as possible: saline nasal spray/humidifier at night; drink fluids
2. tylenol or nsaid for aches
3. discussed merits of smoking cessation
4. call clinic if develop purulent cough for eval poss abx and bacterial infection developing in pt with significant tobacco use
5. routine flu 7/00

James Clayton Dye, MD
d/w Dr. Sheila Anderson

3700-44010
50-27-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/13/00 11:18

Progress Note: Steven Alfano / March 13, 2000

Subjective: 72 year old man with
bph symptoms
and will send to urology
normal psa in July

sx of right sided ? loss of periph vision momentary
yesterday with kid
lasted momentarily
then resolved
has not occurred again
though bp is elevated
today

erosive gastritis by egd
on prilosec

headaches now seems to be better controlled
on imitrex will refill nasal imitrex
also encourage low carbohydrate diet
given information

prior stress fracture

smoking cessation
with encouragement stopped smoking
over labor day
used nicotine patches briefly

shoulder
prior surgery of right shoulder
notes some discomfort

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates

migraine headaches
won't imitrex

foot

3730-WH010
30-67-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/13/00 11:18
Page# 2

some pain esp with weight bearing

fmh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

Objective:
well-appearing, has a beard
ears: clear, nt bearing
BP 160/100 P72 Wt 302 lbs
op: clear, no erythema
no cerv, ax, sc nodes
L: clear, no wheezes
C: RRR, no m.r.g.
A: soft, nt (+) ts, nt ls obese
extr: no edema
m: intact
2-12 intact
motor 5/5
vftc
perlu

Current Medications:

IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MC PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
colon
begin norvasc for bp 5 then 10
return 2 weeks
call immediately if other neuro sx

3780-9030
30-07-9

Plan:

UROLOGY CONSULT

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 228-41-47
03/13/00 11:18
Page# 3

New medications: NORVASC 10MG TABLET / 1 po qd
NORVASC 5MG TABLET / 1 po qd

RTC 2 wks

Andrew Semiz, MD

3730-WK300
50-01-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/27/00 11:27

Progress Note: Steven Alfano / March 27, 2000

Subjective: 42 year old man with
bow on bp meas
and bp improved and headaches improved

Objective:

BP 140/90 P. Wt 302 lbs
(130/80 when I took it)

Current Medications:

NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
AXID 150MG PULVULE / 1 po bid
ASPIRIN 81MG TABLET EC / 1 po qd
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine

Impression:
cont norvasc 10 qd

Plan:

Discontinued: NORVASC 5MG TABLET / 1 po qd

Refilled: NORVASC 10MG TABLET / 1 po qd
PROSTEP 22MG/24HR PATCH / as directed

RTC 6 months

Andrew Schiff, MD

3380-04033
50-83-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/06/00 00:00

Patient Name: ALFANO, STEVEN

History #: ?

Accession #: 36116245

Soc Security: 09849618

Date of Birth: 01/13/58

Sex: M

Ordered by:

Specimen Date: 09/06/2000 00:00

Report Date: 09/07/2000 07:11

Status: Final

COMP METABOLIC PANEL

GLUCOSE mg/dL

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our chem services department at 800-633-1390.

SODIUM	142	mmol/L	136-144
POTASSIUM	4.2	mmol/L	3.6-5.1
CHLORIDE	104	mmol/L	99-109
CARBON DIOXIDE	24	mmol/L	21-31
UREA NITROGEN	15	mg/dL	9-24
CREATININE	1.1	mg/dL	0.7-1.3
BUN/CREATININE RATIO	13.6		
CALCIUM	9.3	mg/dL	8.7-10.3
PROTEIN TOTAL	7.9	g/dL	6.5-8.2
ALBUMIN	4.8	g/dL	3.9-5.0
GLOBULIN CALCULATED	3.1	g/dL	2.1-3.6
A/G RATIO	1.5		1.1-2.0
BILIRUBIN TOTAL	0.56	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	127 H	U/L	30-115
AST	31	U/L	5-43
ALT	68 H	U/L	5-60
GLUCOSE			
GLUCOSE FASTING	94	mg/dL	
	65-125		

The glucose reference range is based on a non-fasting state.
HEMOGLOBIN A1C 5.9 Percent

A hemoglobin A1c of less than 7.0 percent meets the ADA's recommended goal for therapy.

3780-8N010
90-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/06/00 16:59

Progress Note: Steven Alfano / September 6, 2000

Subjective: 42 year old man with
L5-S1 stenosis/spondylosis
for neurosurgery

erosive gastritis by egd
on prilosec

prior stress fracture

shoulder
prior surgery of right shoulder

weight
has gained weight
since smoking cessation
advised him to reduce carbohydrates
and stop smoking entirely down
to 1/2 ppd

migraine headaches
stable at present now that he is on bp meds

foot
some pain esp with weight bearing

fmh
father colon cancer
prostate cancer

sh
mother-in-law dying
married
kids
works in human resources

Objective:

BP 150/100 P RR Wt 302 lbs
perna
op: clear, no erythema
no cerv, ax, sc nodes
L: clear, no wheezes

3300-WH010
90-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/06/00 16:59
Page# 2

C: RRR, no mng
A: soft, nt (+) bs, nt ls obese
extr: no edema
U: intact
2-12 intact
motor 5/5

Current Medications:

NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

PHYSICAL THERAPY CONSULT
discogram
GLYCO HEMOGLOBIN (ROUTINE)
COMPLETE METABOLIC PANEL (12 TESTS)
STRESS TEST (ETT)

will need colon in future if not already
will deal with issue of lumbar disc first
plan for neurosurgery dr. fumer at HSS in about 1 month after pt

Discontinued: AXID 150MG PULVULE / 1 po bid

New medications: PREVACID 30MG CAPSULES / 1 po qd

RTC after surgery or for pre-op

Andrew Schiltz, MD

3000-000003
09-07-0

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/16/00 12:22

Progress Note: Steven Alfano / October 16, 2000

Subjective: 42 year old man with
needs surgery for
L5-S1 stenosis/spondylosis
for neurosurgery
now on disability

will rx celexa for depression

also
will try zestril for bp instead of norvasc
and see him back next week

Objective:

BP 160/100 P. Wt 303 lbs
1/clear
C: RRR, no mng

Current Medications:

PREVACID 30MG CAPSULES / 1 po qd
NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:
rx zestril
rx celexa

Plan:

New medications: CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd

RTC Mon 10/23/2000 11:20am

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/16/00 12:22
Page# 2

Andrew Schiff, MD

228-41-47
10/16/00

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
10/23/00 11:34

Progress Note: Steven Alfano / October 23, 2000

Subjective: 42 year old man with
doing well on celexa
sleeping better
and bp well controlled on zestril

Objective:

BP 130/100 P Wt 304 lbs
unchanged

Current Medications:

CELEXA 20MG TABLET / 1 po qd
ZESTRIL 10MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
NORVASC 16MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

cont zestril
cont celexa

Plan:

Andrew Schill, MD

3780-88010
90-81-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
11/07/00 11:20

Patient Name: ALFANO, STEVEN

History #: ?

Accession #: 94105767

Soc Security: 0999496-08

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 11/07/2000 11:20

Report Date: 11/08/2000 04:07

Status: Final

COMP METABOLIC PANEL

GLUCOSE mg/dL

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our chem services department at 800-631-1390

SODIUM	142	mmol/L	136-144
POTASSIUM	4.0	mmol/L	3.6-5.1
CHLORIDE	104	mmol/L	99-109
CARBON DIOXIDE	22	mmol/L	21-31
UREA NITROGEN	21	mg/dL	9-24
CREATININE	1.1	mg/dL	0.7-1.3
BUN/CREATININE RATIO	19.1		
CALCIUM	9.5	mg/dL	8.7-10.3
PROTEIN:TOTAL	7.5	g/dL	6.5-8.2
ALBUMIN	4.7	g/dL	3.9-5.0
GLOBULIN:CALCULATED	2.8	g/dL	2.1-3.6
A/G RATIO	1.7		1.1-2.0
BILIRUBIN:TOTAL	0.86	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	132	U/L	30-115
AST	20	U/L	5-43
ALT	39	U/L	5-60
GLUCOSE	97	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

8780-11010
00-67-3

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/22/01 10:47

43 year old man with

CC:

Spinal stenosis - following with neurology (Steinberger) and neurosurgery (Farmer)

Urinary frequency

constipation/ diarrhea

hemorrhoids

SH:

Marital Status:

Occupation:

Employment Status:

Employer:

Habits:

Smoking:

Alcohol:

Drug abuse:

HR at Cornell - starting LTD

FH:

PSH: unremarkable

PMH: unremarkable

Allergies: None Known

Current Medications:

LAMISIL 1% CREAM apply bid x 2 weeks

CELEXA 20MG TABLET 1 po qd

VIOXX 50MG TABLET 1 tab po qd

ZESTRIL 10MG TABLET 1 po qd

PREVACID 30MG CAPSULES 1 po qd

IMITREX NASAL SPRAY 20MG/SPRAY 1 spray intranasally pm

IMITREX 50MG TABLET 1-2 tabs with onset of migrainous

ASPIRIN 81MG TABLET EC 1 po qd

3720-000103
3720-000103

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
03/22/01 10:47
Page# 2

ROS:

Constitutional symptoms: Weight loss

PE:

General Appearance: WDN white male NAD appearing stated age

Skin: no significant rashes or lesions

Head: NC/AT

Eyes: normal conjunctivae, lids, PERLA, EOMI

ENT: normal dentition, normal mucosa

Neck: supple, no masses, trachea midline, no thyromegaly, no JVD, no bruit

Respiratory: clear to P & A

Cardiovascular: PMI MCL, normal S1, S2, no m/g/r

Abdomen: soft, non-tender, non-distended, normal BS, no hepatosplenomegaly, no masses

Extremities: no CCE / normal ROM / normal femoral / popliteal / PT / DP pulses

GU: normal male

Neuro: awake, alert, O x 3, CN II-XII intact, normal strength, normal sensation, DTRs symmetric

Psychiatric: normal mood, normal affect

1. Spinal stenosis: agree with plan for PT, consideration of surgery if fails

2. Urinary retention: concern for neurologic cause, however, this seems not to be the case based on exams by urology and neurology - will follow

Keith Roach, MD

8730-44012
50-67-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
08/16/01 00:00

Patient Name: ALFANO, STEVEN

History #: ?

Accession #: 59217805

Soc Security: 099449648

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 08/16/2001 00:00

Report Date: 08/16/2001 23:39

Status: Final

COMP METABOLIC PANEL

GLUCOSE,FASTING mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-631-1390.

SODIUM	140	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	102	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	22	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	20.0		6.0-25.0
CALCIUM	9.4	mg/dL	8.5-10.4
PROTEIN,TOTAL	7.3	g/dL	6.0-8.3
ALBUMIN	4.5	g/dL	3.5-4.9
GLLOBULIN,CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.6		0.8-2.0
BILIRUBIN,TOTAL	0.65	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	97	U/L	20-125
AST	16	U/L	2-50
ALT	29	U/L	2-60
HEMOGRAM & PLATELET COUNT			
WBC	7.6	Thous/cu.mm	3.9-11.1
RBC	5.15	Mil/cu.mm	4.20-5.60
HEMOGLOBIN	15.1	g/dL	13.2-16.9
HEMATOCRIT	44.6	Percent	38.5-49.0
MCV	86	fL	80-97
MCH	29.4	pg	27.4-33.5
MCHC	34.0	Percent	32.0-36.0
RDW	12.5	Percent	11.0-15.0
PLATELET COUNT	249	Thous/cu.mm	140-390
MPV	8.2	fL	7.5-11.5
GLUCOSE	96	mg/dL	65-125

The glucose reference range is based on a non-fasting specimen.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 00:00

Patient Name: ALFANO, STEVEN

History #: 228-41-47

Accession #: 98374556

Soc Security: 099-149648

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 01/18/2002 00:00

Report Date: 01/19/2002 08:18

Status: Final

COMP METABOLIC PANEL

ALT	33	U/L	2-60
AST	19	U/L	2-50
ALKALINE PHOSPHATASE	107	U/L	20-125
A/G RATIO	1.6		0.8-2.0
GLOBULIN,CALCULATED	2.8	g/dL	2.2-4.2
ALBUMIN	4.5	g/dL	3.5-4.9
PROTEIN,TOTAL	7.3	g/dL	6.0-8.3
CALCIUM	9.6	mg/dL	8.5-10.4
BUN/CREATININE RATIO	15.5		6.0-25.0
CREATININE	1.1	mg/dL	0.5-1.4
UREA NITROGEN	17	mg/dL	7-25
CARBON DIOXIDE	22	mmol/L	21-33
CHLORIDE	103	mmol/L	98-110
POTASSIUM	4.2	mmol/L	3.5-5.3
GLUCOSE,FASTING		mg/dL	65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 800-631-1390.

SODIUM	142	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	17	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	15.5		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN,TOTAL	7.3	g/dL	6.0-8.3
ALBUMIN	4.5	g/dL	3.5-4.9
GLOBULIN,CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.6		0.8-2.0
BILIRUBIN,TOTAL	0.45	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	107	U/L	20-125
AST	19	U/L	2-50
ALT	33	U/L	2-60
PTT	30.9	Seconds	22.0-34.0
PROTHROMBIN TIME			
INR	0.93	Ratio	0.90-1.10
No Anticoagulant, Normal 0.9 - 1.1			
Oral Anticoagulant, Standard Dose 2.0 - 3.0			
Oral Anticoagulant, High Dose 2.5 - 3.5			
GLUCOSE	101	mg/dL	65-125

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 00:00
Page# 2

The glucose reference range is based on a non-fasting state.
CBC W/ DIFF & PLT

WBC	7.2	Thous/mcL	3.8-10.8
RBC	5.10	Mill/mcL	4.20-5.80
HEMOGLOBIN	15.2	g/dL	13.2-17.1
HEMATOCRIT	44.1	%	38.5-50.0
MCV	86.5	fL	80.0-100.0
MCH	29.8	pg	27.0-33.0
MCHC	34.4	g/dL	32.0-36.0
RDW	13.2	%	11.0-15.0
PLATELET COUNT	267	Thous/mcL	140-400
MPV	8.2	%	7.5-11.5
TOTAL NEUTROPHILS.%	66.4	%	
TOTAL LYMPHOCYTES.%	24.0	%	
MONOCYTES.%	6.1	%	
EOSINOPHILS.%	2.8	%	
BASOPHILS.%	0.7	%	
NEUTROPHILS.ABSOLUTE	4781	cells/mcL	1500-7800
LYMPHOCYTES.ABSOLUTE	1728	cells/mcL	850-3900
MONOCYTES.ABSOLUTE	439	cells/mcL	200-950
EOSINOPHILS.ABSOLUTE	202	cells/mcL	50-550
BASOPHILS.ABSOLUTE	50	cells/mcL	0-200

DIFFERENTIAL.

An instrument differential was performed.

Please note new reference range

URINALYSIS,COMPLETE

COLOR	Yellow	Yellow	
APPEARANCE	Clear	Clear	
GLUCOSE,QL	Negative	mg/dL	Negative
BILIRUBIN	Negative		Negative
KETONES	Negative	mg/dL	Negative
SPECIFIC GRAVITY	1.030		1.001-1.030
BLOOD	Negative		Negative
PH	7.0		5.0-8.0
PROTEIN,TOTAL,QL	30 (1+)	mg/dL	Negative
NITRITE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	3-5	/hpf	0-5/hpf
WBC	0-2	/hpf	0-3/hpf
BACTERIA	None	/hpf	None
RBC	0-2	/hpf	0-2/hpf
MUCUS	Trace	/hpf	

STEROID
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 08:39

Progress Note: Steven Alfano / January 18, 2002

CIMA/CMC Pre-operative Evaluation

Requested by: Dr. Michael Alexaides

Referring Physician's address/telephone #: 159 E 74th St., New York

Fax 212 439 0825

Planned surgery: arthroscopic shoulder surgery: decompression

Surgery date: 1/18/02

HPI: 44 year old man with R shoulder separation, operated on before for rotator cuff tear, now for arthroscopic decompression. Major complaint is pain, limitation of movement.

PMH: severe spinal stenosis - L5-S1

HTN - good control

headaches - relieved by imitrex

Coronary artery disease: none

Diabetes mellitus requiring therapy other than diet: never

COPD: no diagnosis, no symptoms

Asthma: none

PSH: previous shoulder surgery, tonsils, soft palate reduction for sleep apnea

Fbx: HTN, no CAD

SHx: lives with wife, 2 children

Work: trying to get disability, unable to work secondary to back pain

Relationships: lives with wife, stressed about financial issues, health concern

Cigarette use: 30 pack-years

Alcohol: rare

Drugs: no

Health maintenance:

Immunizations:

Last Td: doesn't remember

Flu vaccine: doesn't want

Pneumovax: not indicated

PPD: not indicated

Current Medications: vioxx 50 qd

lisinopril 10 qd

prevacid 30 q HS

ASA 81 mg qd

imitrex nasal spray 20

Allergies:

codeine - nausea

Review of Systems:

3780-41010
30-23-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/18/02 08:39
Page# 2

Problems with anesthesia: never
Bleeding problems: none
Exercise: limited by spinal stenosis, limited by back pain, weakness in leg
Blocks walked before needing to rest: <1
Flights of steps climbed before needing to rest: 1
Reason for stopping: loss of strength in legs
Pulm: no problems
Card: no chest discomfort or palpitations
GI: constipation
GU: urinary retention, evaluated by urology - not felt to need treatment

Objective:

BP Right: 140/104 Left: 140/100 Pulse: 88 Wt: 298 Ht: 6'3"
HEENT: PERRI, EOMI w/out nystagmus, discs flat B, no H/E.
OP/TM's and nares clr, no sinus tenderness.
Neck: no LN, no thyromegaly/nodules, carotids 2+B, no bruits.
Lungs and Chest: CTA and P. No axillary or SC LN.
Cor: PMI nonengaged, nondisplaced, RRR s1s2, no m/g/r.

Back: no spinous tenderness or scoliosis. No CVAT.
Abd: BS active, R/T, NJ, no HSM.
Rectal:
Lymphatics: No axillary, supraclavicular, or inguinal LN.
Ext: DP 2+ B, no edema.
M/S: moderate R shoulder impingement
Neuro: Nonfocal. Strength 5/5 B UE and LE. DTR's 2+ throughout.
Skin: No rashes or dysplastic nevi.
GU: testes NL size, no masses, no scrotal masses, no inguinal hernia B.

Data (as clinically indicated):

Chemistry battery:
CBC:
PT/PTT:
ECG:
Chest X-ray:
Stress test: not indicated

Impression:
low risk for planned procedure

Recommendations:

Keith Roach, MD

8180-8400
80-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
02/12/02 14:09

Progress Note: Steven Alfano / February 12, 2002

Subjective: 44 year old man with
spinal stenosis
needs evaluation for social security

Objective:

BP 130/90 P 88 bpm Wt 300 lbs Height 6ft 3in
quads 4/5
+ SLR bilaterally
nl sensation
decreased L patellar reflex

Current Medications:

TRIAMCINOLONE 0.1% CREAM / apply bid
VIOXX 50MG TABLET / 1 tab po qd
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:
forms filled out
f/u with surgery prn

RTC

Keith Roach, MD

CT20-8480
20-CT-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/23/02 12:29

HSS

MRI LOWER EXTREMITY

Dr. Michael Alexiades

IMPRESSION:

Magnetic resonance imaging of the right hip demonstrating superficial cartilage loss over the hip joint, borderline acetabular dysplasia and a torn, hyperplastic and degenerated anterior acetabular labrum.

There is a marrow replacement process affecting the left femur which overall has a non-aggressive appearance. Differential possibilities are noted, as above.

Dictated by Hollis Potter M.D.

3780-WNDID
50-21-9